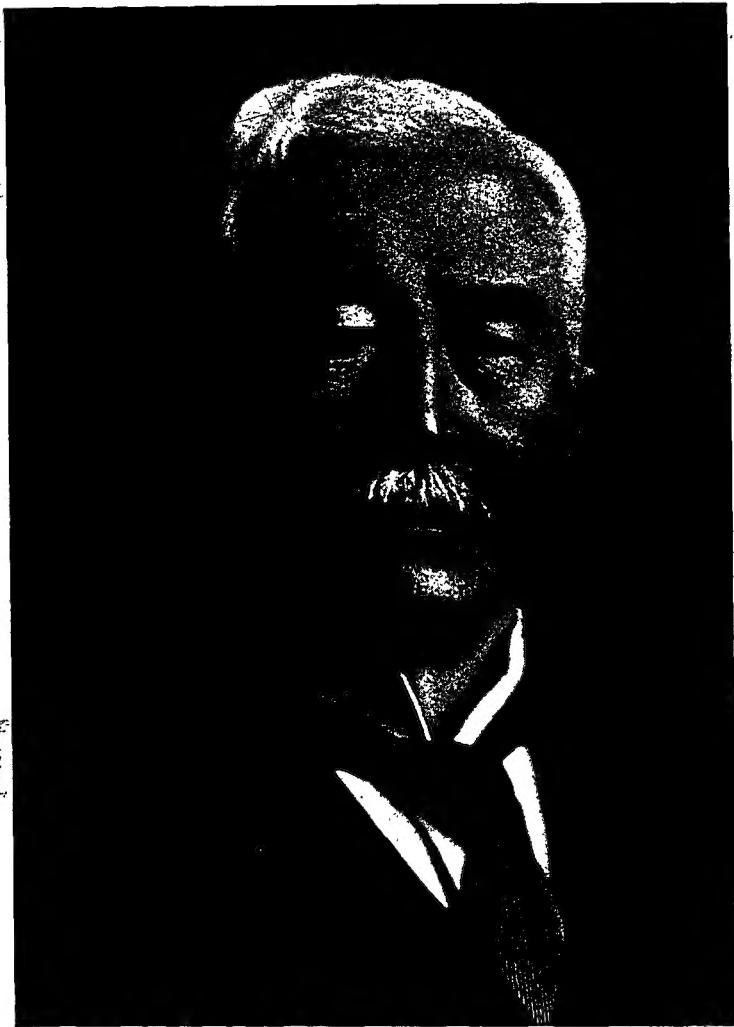


SIR THOMAS RODDICK



Sir Thomas Roddick

# SIR THOMAS RODDICK

*His Work in Medicine and  
Public Life*

By

H. E. MacDERMOT, M.D.

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## FOREWORD

By C. F. MARTIN, M.D., former Dean of the Faculty of Medicine, McGill University.

It is the melancholy fate of many biographies to become obsolete with time. If, however, as in this instance, it serves the dual purpose of not only recording the personal life and achievements of an eminent leader in his profession, but also of revealing the history of the time in which he lived, it will long outlast the gradually diminishing numbers of his contemporaries.

This biography is a history of more than a generation of achievement in public life and private practice. It is a fragment of the history of a man who has left an indelible impression on succeeding generations.

In private life the secret of his spell—for it was a spell that he wielded in personal intercourse with patient and with friends—was a unique and attractive personality, a wide and open-hearted sympathy, a gracious courtesy and a buoyancy of thought which made each year's experience of his friendship more valuable and sacred.

Few ever so worthily sustained the high traditions of their profession and few were more quiet, unassuming and yet prominent in council. Future generations cannot but assign to Sir Thomas Roddick a place among the foremost benefactors of his

profession, and it is well that in this biography the author has fulfilled in a delightful descriptive style a mission for which this and future generations must be grateful.

## INTRODUCTION

Sir Thomas Roddick was a commanding figure in the medical and social world of Canada for nearly fifty years, and his passing left a sense of loss which is still fresh in the minds of those who knew him best. When one surveys his life it becomes apparent that he was possessed of a combination of qualities which made up a personality of unusual magnetism and force. These are difficult things to portray by direct statement, but there were certain definite achievements in his life which not only are worthy of record in themselves, but also reveal unmistakeably what fashion of man he was.

Of these achievements the first to be dealt with will be his part in the introduction of Lister's anti-septic methods into the Montreal hospitals, and Canada generally.

Roddick was not the first in Canada to preach this particular gospel of good tidings. But he was the first in Montreal to follow Lister's methods systematically, and there is little doubt that it was his energy and enthusiasm which hastened the recognition and practice of aseptic surgery in Canada.

Then, he was the first Canadian director of medical services in a military campaign, i.e., the Riel uprising in 1885. It was a campaign in miniature, but it called for the utmost energy and

promptness of action, to say nothing of very considerable powers of physical endurance. These were qualities in which Roddick excelled, and his performance of the administrative medical work in the field forms another well-defined scene in his life.

Incidentally, so far as I can ascertain, there has been no attempt elsewhere to describe in detail the medical aspects of the Riel campaign. The official reports, while adequate, are rather condensed, and other accounts of the expedition never even mention its medical side. It is true that the campaign was so short that there was hardly time for any noteworthy medical developments. But in a force of more than five thousand men, campaigning under extremely rigorous conditions for a good part of the time, one might well have expected more ill health than did occur. Whatever credit is due to the administration in such circumstances must undoubtedly be given largely to Roddick.

The autograph letter written for Roddick by Louis Riel is of some interest as being one of the few of his relics which has not before been placed on record.

Roddick's most enduring and notable piece of work was the bringing about of a reform which had been striven for by the Canadian medical profession for many years, but with not the least success. This was the unifying of medical registration throughout Canada, with its attendant benefits of improved medical education. Everyone had wanted to improve conditions in this respect, but

when it came to the point of correcting them no general agreement could be reached amongst the provinces as to how it should be done.

There were certain technical legal difficulties, but the main obstacle was the lack of co-operation between the provinces. Roddick solved the legal problems readily enough, although he was not a lawyer except in the sense that he took a clear and reasoned view of the subject. Much more impressive was his statesmanlike handling of the apparently irreconcilable interests of the provinces and various teaching bodies. At first it was thought by some that his proposal to create a central registration body would infringe on provincial rights, and years of patient, repeated explanation were necessary to dispel that idea. Roddick's personality was peculiarly well fitted for bringing about concerted action.

Such personal reminiscences as I have been able to gather have been furnished through the kindness of many whom I now thank for the trouble they have taken. My own impressions of Sir Thomas were limited to occasional glimpses of him in the medical buildings at McGill, and at various college functions, as he had just relinquished the deanship of the Faculty when I entered college.

Dr. C. F. Martin and Dr. H. S. Birkett have been especially helpful, together with the late Sir Andrew Macphail, the Rev. Mr. Arthur French, Dr. Harvey Smith of Winnipeg, Dr. F. G. Finley, Dr. J. E. Dube, Dr. Archibald Malloch, Col. E. M.

## INTRODUCTION

Renouf, Col. Gilbert Stairs, Col. Wilfrid Bovey, Prof. J. C. Simpson, and a great many others. Mr. Edwin Pye, of Ottawa, has helped me with invaluable information about the Riel Rebellion, and Mr. R. C. Fetherstonhaugh has given me the benefit of his ripe experience in dealing with the military aspects of that event. Dr. H. A. Lafleur and Dr. G. R. Lomer have been especially kind in reading the manuscript.

The very general and kindly response in aiding me in this work, is but further evidence of the abundant goodwill evoked by the memory of Sir Thomas Roddick.

H. E. MACDERMOT.

Montreal, 1938.

## CONTENTS

	PAGE
FOREWORD . . . . .	v
INTRODUCTION . . . . .	vii
CHAPTER	
I. EARLY DAYS . . . . .	1
II. RODDICK AND ANTISEPSIS . . . . .	23
III. RODDICK'S WORK IN THE RIEL REBELLION . . . . .	45
IV. CLOSE OF THE CAMPAIGN . . . . .	69
V. THE RODDICK BILL . . . . .	84
VI. GENERAL ACTIVITIES AND INTERESTS . . . . .	113
APPENDIX A . . . . .	151
APPENDIX B . . . . .	154
INDEX . . . . .	157



## ILLUSTRATIONS

Sir Thomas Roddick . . . . .	<i>frontispiece</i>
	<i>facing page</i>
Photostat of Certificate from Dr. Muir as to Roddick's attendance at his Surgery . . . . .	18
Roddick in his student days . . . . .	18
The Medical Faculty at McGill University in 1882 . . . . .	35
Area administered by Deputy Surgeon-General Roddick in the campaign of 1885 . . . . .	48
Photostat of Louis Riel's letter written in Roddick's Pocket Diary. The date was added by Roddick . . . . .	64
Group at the Moose Jaw Hospital. Roddick is seen standing with his hand on his hip and his helmet in his hand . . . . .	81
Roddick's house at 80 Union Avenue . . . . .	81
The Terra Nova Snowshoe Club. Roddick is in the centre with his hand on his hip . . . . .	96
Sir Thomas and Lady Roddick in the little sleigh he always used . . . . .	96
Sir Thomas and Lady Roddick on the board-walk at Atlantic City . . . . .	113
The Roddick Gates at McGill University . . . . .	144



## CHAPTER I EARLY DAYS

### I

THOMAS GEORGE RODDICK was born on July 31, 1846, at Harbour Grace, Newfoundland. He was the son of J. Irving Roddick, of Dumfrieshire, a cousin of the famous preacher Edward Irving, and Emma Jane Martin, of Devonshire extraction. His grandfather Martin owned a fleet of ships that traded largely with Newfoundland, and was a man of considerable standing. Mr. Roddick, in common with his cousin, was a friend of Thomas Carlyle. He had studied for the ministry, and had the solid classical training that Scotch youths were apt to be given. Eventually, however, he took up teaching and became principal of the Harbour Grace Grammar School, where his influence in the community made itself clearly felt.

Mr. Roddick conducted his household on firm lines, and undoubtedly Thomas received from him a training in discipline and steadiness of application which was to be of incalculable value in his career. Mr. Roddick insisted particularly on punctuality at lessons, another habit which became firmly engrained in his son. A little episode is preserved of his boyhood days which illustrates this, as well as

indicating the innate kindness of nature which Thomas possessed in such marked degree. When he was twelve years old his sisters asked him, a few days before Christmas, to bring in a Christmas tree for them from the woods, which at first he said he could not do on account of his lessons.

Next morning, however, he decided to go out early and get the tree. Lesson time came, but no Thomas, and his father prepared to ring the bell for school, which would have put the boy in disgrace for being late. His mother tried to explain that he had only gone out to please his sisters, but Mr. Roddick was inflexible and started to ring his bell, when the door opened and in tumbled Tom with the tree, exclaiming triumphantly: "I've got the tree, and I'm not late either."

In 1860 he went to the Normal School at Truro, N.S., and at about this time, young as he was, began to lay the foundations of his medical training. Before this, however, he seems to have had ideas of entering the ministry. One of his schoolmates (the Rev. J. M. Allan of Bay St. George) has left it on record that this was Roddick's early intention, but, "I told him to get it out of his head and devote himself to the study of medicine, as I believed that was his calling."

One of the local medical men also had urged Roddick to take up medicine. This doctor had slashed his wrist accidentally, and Roddick's bandaging of it impressed him as showing a natural aptitude for surgical work.

Roddick was fourteen when he entered the Normal School at Truro, but he also found time to attend the surgery of Dr. Samuel Muir, of Truro, since the latter gave him a certificate to the effect that he had spent from December 3, 1861, to March 15, 1863, following the routine of a "general practitioner's professional duties." The training may have been received concurrently with his school work, or at intervals. He also revisited Newfoundland, and spent some time under the wing of Dr. Chas. H. Renouf in St. John's. Dr. Renouf was a Fellow of the Royal College of Surgeons of Edinburgh, and was the most prominent surgeon in St. John's. He detected the natural skill which Roddick showed in the handling of wounds, even at that early age, and allowed him frequently to assist in operations.

Renouf was probably one of the first to use chloroform in Newfoundland, but possibly was not always able to get supplies of it, as Roddick said that once he had assisted when Renouf had to remove a lower jaw without using any anaesthetic. Roddick must have seen a good deal of major surgery before he ever began his medical course. One valuable year was also spent by him in a druggist's establishment (McMurdo's) in St. John's.

Roddick's original intention appears to have been to take his regular medical training in Edinburgh. It is likely that Renouf influenced him in this respect, as might have been expected. At any rate, Roddick came up to Montreal in the summer

of 1864, on his way to Edinburgh, bearing a letter of introduction from Renouf to Dr. George Fenwick, chief surgeon of the Montreal General Hospital.

In later years, Dr. Roddick told Colonel E. M. Renouf of Montreal (nephew of Dr. Renouf) how, while he was paying his visit to Dr. Fenwick, a telegram was brought in, announcing a train disaster which had happened on the other side of the river, and asking for emergency medical aid.<sup>1</sup> Fenwick at once began to prepare to go, and Roddick asked if he might be allowed to go with him. Fenwick must have gathered from Dr. Renouf's letter that Roddick knew something about surgical work, and may have already begun to form the favourable opinion of him which was to ripen into the warm friendship of later years. At all events he told him to come along, and Roddick took part in the emergency work.

This led to a change in Roddick's plans. Fenwick evidently realized that the youth had unusual qualities in him, and urged him to stay in Montreal and take his medical training in McGill, instead of going to Edinburgh. Roddick agreed, and was registered at McGill on July 31, 1864. His registration entry shows Dr. Muir as his "patron". In those days it was required that, whenever possible, medical students should show proof of having

<sup>1</sup>On the morning of June 29, 1864, a train bearing a large number of German immigrants, who had landed at Quebec, ran through an open drawbridge over the Richelieu River soon after passing St. Hilaire. Nearly a hundred lives were lost. (*The Montreal Gazette*, June 29, 1864).

worked with some accepted practitioner. This really represented the older method of apprenticeship, which provided many medical men of that time with their entire medical training.

Roddick had a brilliant college career, winning both the final prize in his fourth year, and the Holmes medal, which is given in McGill for the highest aggregate of marks in the course. His early medical experience evidently gave him a great advantage, for he said more than once that he found the work at McGill very light. At any rate, he was able to go to New York in 1867 and 1868 and take courses at the Bellevue Hospital Medical College, and the Charity Hospital, as is shown by his registration cards for these institutions.

Little is reported of his student days, but he must have been an outstanding figure in his class. He was chosen as class valedictorian, and his speech was reported in the Newfoundland papers in full. It follows the elaborate and careful phrasing of all such efforts, and in one place has the exhortation to his comrades to "persevere, gentlemen, patiently, ploddingly, persevere".

In one of his very few recorded personal reminiscences, given in an interview to the *McGill Daily* in his later years, Roddick said:

"There were then no student societies to give inspiration, nor were the libraries so splendid as those of the present day. We had no reading rooms at all. If we wished to consult a book we had to read it in our little boarding-house rooms.

"But I don't believe students on the whole have changed much. We used to skate a good deal, some on the river, but more on the rinks uptown. It seems to me that skating was the most outstanding athletic adventure we had."

He was a vigorous walker also, and chose to attend a church at the back of the mountain, for the long walk it gave him.

## II

On graduation he was appointed as assistant house surgeon at the Montreal General Hospital. The staff of that institution then was very small. There were only two other resident house surgeons, George Ross, and T. A. Rodger, and eight attending physicians, with no differentiation between physicians and surgeons. That only took place in 1880. Roddick, however, was a surgeon by instinct, just as Osler, who joined the staff in 1879, was a physician.

The story is told of Roddick's finding in the ward, soon after his appointment, a patient with some apparently inoperable condition of the head. He had been there for some time, and was pointed out as being beyond hope of recovery. Roddick, however, either from the enthusiasm of the young surgeon, or from a more careful consideration of the case (probably a little of both), undertook to operate, and obtained a completely successful result. As late as 1920, the patient, Lt.-Col. A. E. Belcher, used to send him postcards reiterating his gratitude.

That was what might have been expected of any keen young surgeon. But Roddick soon showed further abilities which earned him an early appointment as house surgeon in the hospital. One of the best pictures of him in these days is given us by a lifelong friend and colleague, the late Dr. F. J. Shepherd.

"I first knew him in 1869 when he was Assistant House Surgeon . . . and later . . . on the resident staff of the hospital. In these early days the house surgeon attended to all the out-door patients, and after the session was over I remained for three months to do work in the out-door department, and to follow Ross and Roddick in their visits to the wards; thus I learned from these two men more than I absorbed from the regular clinical teachers. It was the custom then for the House Surgeons to remain in the hospital for some years, in fact, until they had acquired sufficient outside practice to take a house, drive a horse and become one of the practitioners of the city, with the prestige of the hospital behind them. When the attending physicians were on a holiday their house surgeons attended to their practice. Dr. Fraser, who was Professor of Physiology, used to hand over his practice to Dr. Roddick when he was away from town, and every morning after the out-door service was over, a smart equipage drawn by two lively horses would pull up at the hospital gates and Dr. Roddick would jump in and drive off to see Dr. Fraser's patients. This was an accepted custom. Also, Dr. Fraser made use of his House Surgeon to exhibit to his class the circulation in the frog's foot. The only microscope I saw at that

time was the one used by Dr. Roddick on these occasions (and they were not frequent)."

Roddick paid his first provincial fee in May, 1871. His first house and office, occupied in 1874, was on Dorchester Street, not far from the General Hospital. It was next to the House of Refuge, and he used to say that it was a good place to start at, as there would always be a refuge next door for him if he couldn't make a living! There was not much fear of this, however, as his practice developed rapidly and he soon had more to do than he could manage.

His sister Emma now came up from Newfoundland to keep house for him, and later on his parents and his other sister came to live in Montreal.

Some years later he moved to a house on Beaver Hall Hill, where he lived until his first marriage in 1880, when he bought his large house at No. 80, Union Avenue. This was on the corner of Burnside. George Ross, his friend and colleague at the General Hospital, lived immediately opposite, in one of the houses at which Osler says he never failed to call: ". . . going up (Union Ave.) I called on Dr. Palmer Howard, and if he was not in or was engaged, I called on Dr. George Ross; going down, the reverse." In 1883, Osler and Dr. James Stewart lived together in Roddick's house while he was away on one of his periodical visits to Europe.

George Ross was one of the most abstemious and rigidly correct of men, and Roddick used to tell the story of coming up the street one night and seeing

him standing at the corner, apparently clinging on to the lamp post. Roddick was horrified beyond description at his first impression that perhaps his friend was intoxicated. He hurried forward, meaning to get Ross into the house, and as he thought, shield him from notoriety. It was only on speaking to him that he found to his great relief that Ross was in an uncontrollable spasm of whooping cough!

To belong to the General Hospital was synonymous with being willing to teach medical students. It has been so since the very first year of the institution's life. In addition to clinical teaching, Roddick taught hygiene at McGill in 1873, and was appointed as demonstrator in anatomy in 1874. His ability was being recognized, and in 1875 he was made Professor of Clinical Surgery at McGill, as well as full surgeon to the hospital. Dr. Shepherd's description of his work cannot be bettered:

"From the first Roddick brought a new spirit into the teaching of bedside surgery; becoming most skilful as an operator, and renowned as a teacher. He had a wonderful facility in diagnosis and treating fractures, and his bandaging was a work of art. His love for his work, genial manner and innate kindness of heart endeared him to all the students. His simple and impressive methods of teaching made him very popular and he never taught over the heads of the students. Knowledge oozed out from him to his class, and never smelt of the lamp."

There is abundant testimony as to his unusual personality from those who knew him as teacher,

colleague, physician, and friend. His popularity with students was remarkable. Sir Andrew Macphail and Dr. H. S. Birkett have both commented on the extraordinary degree of confidence with which he inspired his students and assistants. They came to feel that he could do anything for them. He had the quality of the magician in his teaching, although he never tried to be mysterious.

He was impressive, and had the power of leaving in his students' minds the feeling that he had knowledge which was quite hidden from them.

That was his imposing, formal side, in the lecture room, at the operating table, in the wards. But the complementary side of this was his genuine and unfailing interest in his students. At examinations he would always say something to put a man at his ease: "I didn't see you in church yesterday"; or, "How's the old woman getting on?"; or, "I saw your father the other day, he looks well"; and so on.

One of his early students described his examination with Roddick as follows:

"When I came before Tom Roddick I knew it all but I had a sort of buck fever and felt like a fool. Tom diagnosed the case, smiled at me, told me to take my time, jollied me a little, prompted me a little, and I went through. If I had been plucked I was down and out, for I could not have afforded another year."

Dr. C. F. Martin tells me that in his own final oral examination in surgery, Roddick began with some trifling question about a surgical instrument.

This was answered, and then Roddick suddenly asked: "How is it that you are not applying for a house-surgeoncy here?" (Martin had worked under him in the summer months and Roddick wanted him back.) "Oh," said Martin, "I don't mean to go round canvassing votes for myself," which of course was the recognized thing to do in those days. "I see," said Roddick. "Well, you just run along now and see how many votes you can get," and the examination was over!

Not that Roddick treated his teaching lightly. On the contrary, he took it very seriously. He was genuinely fond of it, and had a natural gift for clear, forceful statement which made him a popular lecturer. He had great facility in description, and in demonstrating surgical technique. His clinics were looked forward to more than his lectures, as he usually managed to introduce the dramatic element at the clinic. Twice a year he had his well-known "hip-joint clinic", when he would assemble various types of hip-joint diseases, and cover the subject with a vigour and lucidity that made these periods eventful. Two of his former students, Dr. Harvey Smith of Winnipeg, and Dr. C. F. Martin, recall the impressiveness of these particular clinics.

Dr. Harvey Smith writes also:

"On one occasion when I was a student, attending the M.G.H. Sir Thomas was slated to operate on a big husky thug, who proved to be a difficult subject to anaesthetize. He stood beside the table lecturing to the students, paying no

attention to what was going on on the table. Suddenly the thug broke loose from the anæsthetist's control, and raising himself on his left elbow, hit Sir Thomas a knock-out blow on the jaw. As I recall the incident the operation had to be postponed."

He was always punctual at lectures, and indirectly, this had something to do with the building of the beautiful memorial gates at the entrance to McGill. It was his custom always to be driven about the city, in a carriage in summer and a light sleigh in winter. Often, Lady Roddick tells me, he would have her accompany him up to the college for his lectures or meetings, where she would leave him and be driven elsewhere. Roddick's old coachman, however, was deaf and not particularly accurate as to time, and it was the regular thing on approaching the college avenue for Roddick to lean forward and poke him in the back, to warn him either to hurry up, or to slow down if too much ahead of time. On such occasions Roddick would always remark that a clock tower for the college generally would be a good idea. From a casual remark this grew into a settled desire, and although circumstances would not permit of its being carried out at the time, Sir Thomas and Lady Roddick often looked at clock towers abroad, with this in mind. When, finally, Lady Roddick gave the memorial gates to the University, the clock tower was included.

This coachman, McDonald by name, had all the privileges of an old retainer, and Roddick told once

of his being driven to call on a family, one of whose members he had attended in her last illness. As was the custom, there was crêpe on the door, and "Don" had no need to ask any questions. The visit over, Roddick got back into the carriage and gave another address, to which he had not been for a long time. Don drove off, and on reaching the house, behold, there was crêpe on this door also. The old man peered up at it, then turned with a puzzled face: "Sure, sir," he said, "but that wasn't one of yours!"

Not the least part of his popularity was due to his personal appearance. He always dressed well, wearing the traditional tall hat and frock coat. His whole bearing gave the impression of freshness and strength, for physically he was a powerful man, with a natural candour and openness of manner. He also had the invaluable gift of a good memory for names and faces. In spite of the very large number of people that he came in contact with throughout his long and extremely busy life, he seldom forgot individuals, and would give proof of his recollection of them by naming them unhesitatingly. Dr. Harvey Smith adds another reminiscence of him as follows:

"Sir Thomas was reputed to possess great physical strength. On one occasion James Bell was operating on a case which required compression of the subclavian artery for a considerable period. Sir Thomas was therefore conscripted for service, and stood for half an hour or

more with a padded key compressing this major vessel."

His physical powers were also put to the test while he was in charge of the smallpox hospital, at that time on Fletcher's Field. One of the patients became delirious and broke out of the hospital one winter night. Roddick followed him out through the snow and had to literally carry him back, struggling all the way, and as the man was of large and heavy build it required strength of no ordinary degree.

His energy showed itself in many ways. In later life he told Dr. E. S. Harding, of the Royal Edward Institute, that in his first year at the General Hospital he had throughout the whole twelve months risen late every night to make readings of the thermometer and barometer for records of the weather which were being kept at the time. He added, however, that he would never advise anyone to undertake a similar piece of work.

Roddick found time to join a local military unit, the 1st Brigade Garrison Artillery, as assistant surgeon, and took part in the Fenian Raid fighting in 1870, for which he received the general service medal and clasp. There was a good deal of military activity in Montreal at that time, and several other local medical men were connected with regiments. In 1874 Roddick was captain of a university company of the Prince of Wales Regiment, as is shown in an extract from the history of that regiment:

"On January 13th, 1874, the commanding officer, in orders, expresses his appreciation of the alacrity exhibited by the new University Companies, 4 and 5, Captains Armstrong and Roddick, in turning out on a very short notice as a guard of honour on the occasion of his Excellency the Governor-General's departure for Ottawa, and also his admiration of their soldierly appearance and excellent discipline.

"These companies continued to be recruited from the students in attendance at McGill University for some years."<sup>2</sup>

In 1885 he was appointed surgeon to the regiment, and was with them for a long time. His work during the Riel Rebellion in that year will be described in another chapter. Much later on (1900) he was appointed honorary surgeon to the Governor-General (the Earl of Minto) which position he held, with the rank of lieutenant-colonel, until 1905.

### III

The capacity for instilling confidence exists in a varying degree in all successful physicians, but Roddick's vitality and wholesomeness of manner magnified this to an unusual extent. With all his physical strength, he had an extremely gentle touch in doing dressings and handling patients. He had the sensitive, careful hands of the born surgeon, and he felt very keenly in his later years the irritation of an obstinate eczema which he developed from iodoform in his surgical work.

<sup>2</sup>*The Origin and Services of the Prince of Wales Regiment:* Capt. E. J. Chambers, Montreal, 1897, p. 73.

He constantly showed his genuine, disinterested concern in his students. On one occasion he gave a specially bound copy of DaCosta's "Surgery" to each member of the graduating class, sixty in number. Soon after becoming Dean of the Faculty he gathered the students of the upper years together and said he wanted to become better acquainted with them. His plan was to have every man to dinner with him at some time during the year, and by taking them in groups he gradually invited them all to his house.

Roddick was a man with a very great many friends, for, quite apart from his popularity with his patients, he gained and kept the warm affection of his many colleagues and others. In Dr. Shepherd's words, "he was essentially of a sociable disposition . . . and exercised considerable influence among the younger members, for he always kept himself young". He belonged to the dining club mentioned by Osler:<sup>3</sup>

"We had a social club of twelve—Ross, Roddick, Rodger, Gardner, Alloway, Buller, Browne, Blackader, Pettigrew, Molson, and Shepherd, and dined once a month through the winter."

When he became associated with the editorship of the *Canada Medical & Surgical Journal*, it was the custom to have monthly meetings of the editorial staff, when the contents of the next issue would be discussed. These meetings were frequently held in Roddick's house at 80 Union Ave.

<sup>3</sup>*Life of Sir William Osler*: Harvey William Cushing, I, 160.

There would be supper first, and then an adjournment to the billiard room, where the business of the evening would be dealt with. Roddick laid no claim to any literary capacity, but was ever ready to applaud the suggestions of others with a hearty "Capital idea." At the same time it must be said that in his early years he was a constant contributor to the medical journals of the time. From the very first year of his appointment to the staff of the General Hospital he began to report cases in the medical journal of the day. His first appearance in print was in the *Canada Medical Journal* in July, 1869, when he reported a case of depressed fracture of the cranium. For the next few years his name frequently appears in the medical journals and his papers reveal the excellent qualities of clear, direct statement.<sup>4</sup>

His essentially sociable nature made him a regular attendant at medical meetings. Until his political duties took him away his name is always to be found in the accounts of the meetings of the Montreal Medico-Chirurgical Society, in which he held office, first as secretary and later as president in 1885 and 1886. He also was a regular attendant at the annual meetings of the Canadian Medical Association, whose presidency he held in 1890.

Probably a good deal of his writing for the *Canada Medical Journal* was due to the influence of Dr. G. E. Fenwick, the editor. Fenwick was the older, and was on the attending staff of the General

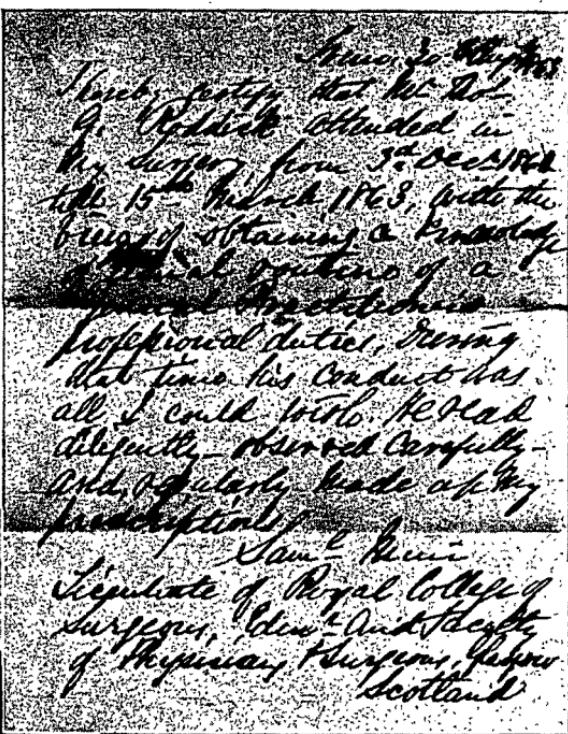
<sup>4</sup>See bibliography in Appendix.

Hospital when Roddick graduated, but there was a great friendship between them, dating from the time that Roddick first came to Montreal. Fenwick used to speak of "My boy Tom", and at his death Roddick inherited most of his practice.

There were two of his friends in particular who with himself made up a trinity always referred to as "The three Toms". These were Tom Alloway and Tom Rodger. They had all been members of the General Hospital staff, and had always shown the greatest ingenuity in devising tricks for the benefit of the matron, with whom they were not popular. There is also a legend that once Roddick and Rodger kidnapped Alloway and kept him in seclusion for some hours before disclosing themselves to him!

Alloway later became one of the first gynaecologists in the city. He had a private hospital, and when antisepsis began to be talked of, he became so obsessed with the idea of germs in the air that he had the doors and windows of the operating room all sealed up with cotton wool.

I am indebted to Dr. Casey Wood for the following extracts from an appreciation by him of "his old friend and teacher, Sir Thomas Roddick". Dr. Wood graduated from Bishop's College in Montreal, but took his clinical training at the Montreal General Hospital, where he came under Roddick as a student, and later as his house surgeon. Dr. Wood's later years have been spent away from Montreal, but his interest in McGill and all that



Photostat of certificate from Dr. Muir as to Roddick's attendance at his Surgery.

Roddick in his student days.



pertains to it, especially its medical library, is still deep and expresses itself in continual active benevolence.

“. . . Fortunately for me, *clinical* instruction in both medicine and surgery (except obstetrics) was given to both McGill and Bishop’s students by the same corps of teachers; and let me say it once for all, the finest array of instructors available in America! If a man, whatever his mental qualifications, did not greatly gain by his associations with the Montreal General Hospital staff, it was a lost opportunity.

“This is not intended to be an account of the clinical advantages to the medical student of the General Hospital in the ‘seventies and ‘eighties, but it is germane to the subject in hand to say that the policy pursued by Ross, Roddick, Osler and a dozen other (*in propria persona*) McGill teachers towards a weak, perhaps negligible rival, was not only wise in its inception, but fruitful in many later respects.

“So far as I know, my appointment by Thomas Roddick as one of his clinical clerks was the only one of its kind made during my stay in Montreal, but it about represented an equitable proportion of the much-coveted student assistantships available for McGill and Bishop’s students; and we were all treated alike.

“It has been my fortune during a long and rather eventful life of extended medical experience, to have held various teaching positions in four of our largest American universities, but I take a certain pleasure in saying that my brief association with the late Sir Thomas Roddick was, on the whole, the most helpful and the most

memorable. He was not a great teacher in the sense that Osler was a great teacher, but he was an earnest, kindly instructor, who, whether addressing a class or in private enlightening the ignorance of a member of his class, instinctively used the verbiage and illustrations best suited to the occasion.

"Thomas Roddick never could have written any essential part of that wonderful *Bibliotheca Osleriana*, or even have compiled the *Incunabula Medica*. Indeed, it is likely that he was not much interested in fifteenth century mss. and prints, but in his lectures and private converse he was a thoughtful friend who assumed for the moment the rôle of one who having himself come through tribulations of doubt was now warning the budding surgeon of those hidden rocks and shoals he was certain to encounter in the practice of his profession. I used to think that this was the character Sir Thomas most successfully played in his pedagogic career. Certainly, it was the one that most appealed to me.

"Often did I in my all-too-short association with my chief in the old M.G.H., note examples of that combination of worldly knowledge, sympathy, charity, modesty, goodwill and kindliness that invariably distinguished his dealings with and his attitude towards the ignorance of others. When he ran across it either in his extensive public or private practice, how easy it would have been for him to have exhibited his authority, to 'high-hat' the lowly and unknown; but of that vice Thomas Roddick, as I knew him, was never guilty. Here is one of many examples.

"One day Professor Roddick asked me to gather within the following few weeks as many

cases of mammary tumour as I could find, as he intended to give an amphitheatre lecture on that much discussed subject. I begged and borrowed all the cases I could, both of living and of post-mortem examples of tumour of the breast; and we had a very successful symposium. The lecturer began his talk with a veiled apology for errors in diagnosis, mostly illustrated by cases in which he said he had figured as the principal light that led astray. He did not follow a not uncommon example and shift, however gracefully, the diagnostic mistake to the broad shoulders of the other fellows: for that was not Tom Roddick's way.

"When I decided finally to transfer my services and experiences from the land of my adoption to my 'country of origin', Dr. Roddick was one of a small committee to give me a farewell dinner. I have eaten many a more imposing one since, but even now something comes up in my throat when I think of the indulgent but largely untrue remarks made on that occasion. As a matter of fact, I had done nothing to merit either the dinner or the valedictory comments.

"On the several occasions when I have revisited the scenes of my many failures and few triumphs, I never fail to call on Lady Roddick. We rekindle the ashes of long burned-out fires, lighted chiefly by memories of her never-to-be-forgotten husband."

Roddick liked simple jokes. Mr. C. H. Godfrey sends me the following reminiscence:

"I knew Sir Thomas Roddick very well, and needless to say liked him very much. He and my father who was a doctor (R. T. Godfrey)

were great friends. My father had a big mastiff called Tory. One evening poor Tory was run over by a horse car. My father set his broken leg in plaster and bandaged his head, etc. He was then put in a spare stall in the stable. (We lived at the south-east corner of McGill College Avenue and St. Catherine St.) Dr. Roddick called that evening and said to my father: 'Godfrey, I am afraid I shall have to bring you up before the Medical Society.' 'What for?' said my father. 'Come and I will show you,' said Roddick. They went outside and there was old Tory, all bandaged up, sitting at the top of the front steps looking very dignified. 'Doctors are not supposed to advertise,' said Roddick severely!"

Mr. A. G. B. Claxton adds the following:

"It was said that on one occasion he prescribed for a patient with lumbago. On showing the patient to the door of his office, Roddick said: 'Look here, I want you to be sure to let me know whether my prescription does you any good.' 'All right,' said the man, 'but why are you so very insistent about it?' 'Well,' said Roddick, 'I have lumbago myself!'"

## CHAPTER II

### RODDICK AND ANTISEPSIS

#### I

WE MUST now turn to Roddick's work in surgery. He was responsible for no striking surgical discoveries, but his name will always be associated with the introduction of Lister's antiseptic methods into Canada.

The work of Lister, on antisepsis, by which surgery was to be so marvellously transfigured, had been begun in 1865, but had been received in many quarters not only with indifference but often with frank hostility. There was some opposition on this side of the Atlantic also, but it was never so bitter as it was in England. The few Canadians who went over to take degrees in Edinburgh at this time were all young men,<sup>1</sup> and they all became earnest disciples of Lister, but the extent to which his ideas were understood by others in Canada varied a great deal.

<sup>1</sup>The following list of Lister's Canadian pupils is given in a note in the *British Medical Journal* (1924, 2, 830) by Dr. T. A. Malloch:

"Dr. Geo. A. Heron, born in the Ottawa Valley, was a dresser at Glasgow 1863-64. A. E. Malloch, of Hamilton, Ont., was Lister's house surgeon at Glasgow in 1868. F. LeMaitre Grasett, of Toronto, was his clerk in 1871 and house surgeon in 1874, after Lister had returned to Edinburgh: a 'Harry Russel Canada' was house surgeon in 1873-74. John Stewart, of Halifax, N.S., was dresser in 1875 and clerk in 1876 at Edinburgh, and senior clerk in 1877-78 and house surgeon in 1878 at King's College Hospital, London: E. St.C. Baldwin, of Toronto, was house surgeon at Edinburgh in 1875-76.

"These details were taken from a menu card of a Banquet offered to Lord Lister, F.R.S., by his former House Surgeons, Surgeons, Clerks and Dressers, 26 May, 1897."

At the time of Roddick's graduation in 1868 there was in Montreal little more than academic interest in Lister's work, and not much of that. One of the questions in the final surgical examination paper at McGill University that spring was: "What is meant by the antiseptic treatment in surgery? In what cases is the use of carbolic acid especially indicated, and in what forms is it employed?" No one in Montreal, however, seems to have been trying to follow Lister's work consistently.

The first name in Canadian surgery to be associated with Lister's work is that of Dr. A. E. Malloch, of Hamilton, Ont., who had served as house surgeon to Lister at the Glasgow Royal Infirmary in 1868. As early as February, 1869, Malloch reported one of Lister's cases in the *Dominion Medical Journal*, Toronto,<sup>2</sup> and in the next year he described his own treatment of an abscess according to Lister's method, as then practised. The abscess was opened under the so-called "antiseptic guard", which was a square of lint dipped in a mixture of carbolic acid and linseed oil. The knife, which also had been dipped in the mixture, was introduced under the edge of the lint, and carbolic dressings were applied to the incision.

But Malloch was a voice in the wilderness. A little later on he is found replying to criticisms of Lister's work by Dr. Wm. Canniff, of Toronto.<sup>3</sup>

<sup>2</sup>*Dom. Med. J.*, 1868-69, 1, 104.

<sup>3</sup>*Can. Med. J.*, 1870, 6, 154.

Canniff wrote a long and excellent account of the use of carbolic acid in surgery,<sup>4</sup> but he showed that he had failed to grasp Lister's principles. Malloch tried to explain what Lister was aiming at, but Canniff was unusually hard to convince, and for several years refused to admit that Lister had contributed anything outstanding.

In 1873 Malloch went back to Scotland, and returned with fresh enthusiasm for "Listerism". He also brought back the latest development in antiseptic technique, the famous "carbolic spray", which replaced the antiseptic guard already mentioned. Malloch speaks of using the spray in an operation on July 6, 1873.<sup>5</sup>

## II

This work had not been followed very closely in Montreal, or, at any rate, there were only sporadic and half-hearted attempts to practise antisepsis. The mere use of carbolic acid did not mean that Lister's methods were being followed. Dr. Robert Craik, of Montreal, reporting an operation in 1869, says:

"I had taken the precaution to soak all sponges and ligatures in a concentrated solution of carbolic acid, and had a quantity of the acid ready, with which to impregnate all the water used during the operation, and to be applied in other ways which might suggest themselves as the operation proceeded."

<sup>4</sup>*Can. Med. & Surg. J.*, 1870, 6, 295.

<sup>5</sup>*Canada Lancet*, 1873, 6, 126.

But he made no reference to Lister at all, and in his further comment on the case, said it was interesting "from the free use of carbolic acid in concentrated form in the abdominal cavity". It was certainly interesting from that point of view, since he had swabbed out the wound with a solution which was strong enough to excoriate much less delicate tissues than the peritoneum.

Carbolic acid as a disinfectant, and in the treatment of wounds, had been used long before Lister's time.

A year later, however, Craik reported at the Montreal Medico-Chirurgical Society the employment of carbolic acid in other cases, and now showed that he had Lister's ideas definitely in mind. The proceedings at this particular meeting contain so much of interest on this point, that it will be worth while to give extracts from the report as it appeared in the *Canada Medical Journal*. Roddick was present—he was secretary of the Society at the time—but of course he was too inexperienced to add anything to the discussion.

The meeting opened with a report by Dr. Craik of the treatment of two cases of severe compound fracture of the elbow joint.

"As the weather was intensely warm at the time of the injury, and as the wound had been exposed to the air for fully an hour, I felt certain that in the ordinary course of things intense inflammation, with possible disorganization of the

*Can. Med. J.*, 1870, 7, 264.

joint, would be very likely to supervene, unless prompt and vigorous measures were adopted to prevent them.

"Being a firm believer in the germ theory, and being thoroughly convinced of the efficacy and harmlessness of carbolic acid in such cases, even when applied to serous and synovial membranes, I determined to apply it thoroughly in this case."

And he did apply it thoroughly, as he washed out the wound with ten per cent. carbolic acid, and applied dressings of the same strength. Excellent results were obtained. A second case with the same kind of injury was similarly treated, and equally good results obtained.

Dr. Craik went on to say:

"Of course it is not pretended that there was anything original in the treatment of the foregoing cases. Professor Lister has so clearly and so often pointed out the efficacy and safety of the antiseptic treatment by carbolic acid, and the profession has to so large an extent adopted his views and treatment, that there is now more scope for originality in abstaining from adopting them than in following what is fast becoming a well beaten track. . . .

"In conclusion, I would remark that to carry out the antiseptic treatment thoroughly it is almost necessary that one should be a firm believer in the germ theory, otherwise some necessary precaution is apt to be omitted, which may vitiate the whole process. Just as a sentinel to be thoroughly efficient must firmly believe that enemies are hovering round eager to elude his

vigilance, and a single portal left unguarded, or a single moment's neglect, may entail the loss of all, however valuable, which may have been committed to his charge."

In the discussion, Dr. Fenwick said that he thought such strong solutions as mentioned by Dr. Craik were unnecessary. He had seen sloughs from solutions of even 1:16 and never used a stronger solution than 1:40 himself.

Dr. Fraser then gave a brief account of a recent visit to Europe. He said that he had seen carbolic acid applied by Lister in Glasgow, Pirrie in Aberdeen, and Paget in London, but he thought Lister did not apply it directly to the wounds, but in the form of a paste on the dressings.

"Referring again to Professor Lister, one thing which could not fail to be observed was the great attention he gave his cases, and the rapidity with which he changed the dressing, seldom leaving the wound exposed for more than a moment. It (the carbolic) was not used as a healing agent, but simply to act upon the germs.

"Dr. Fraser then alluded to Lister's carbolized catgut ligature, stating that since he had removed to Edinburgh he had used the ordinary ligature carbolized, as being less apt to slip."

"Dr. Palmer Howard said that the result of his

"It is true that these carbolized ligatures, which had been developed entirely by Lister, were less slippery, but that was a coincidence of minor importance. Their real value was incalculably greater than that. They represented light in another of the dark corners of pre-Listerian surgery, namely, the use of non-absorbable silk ligatures, with their trailing ends protruding from wounds, and their capacity for setting up infection, and causing hemorrhage. It was unusual for Dr. Fraser to miss the inwardness of a matter so completely.

experience in the application of carbolic acid to wounds was, that it certainly arrested suppuration, however it might act. The most important assertion, however, which has been made in connection with the use of this agent, was that by Lister, who affirmed that under his care, in the wards of the Glasgow Infirmary, where the acid was constantly applied, pyaemia had ceased to exist. It was a valuable anti-septic, and in this way did much to reduce the frequency of both erysipelas and pyaemia.

"Dr. Fraser then said that he thought that there was an anti-carbolic acid idiosyncrasy. He alluded to a case under observation, where a first injection into a sinus, of a moderately strong solution was followed by alarming signs of weakness.

"Dr. Hingston said he was not a believer in the germ theory, and yet he was daily in the habit of using carbolic acid. He would not, however, thrust it into a recent wound which promised to heal kindly, nor would he inject it into the cavity of a joint. Surgeons nowadays, it seemed to him, were afraid of pure air. If the atmosphere was loaded with the germs, concerning which so much had been said this evening, would they not make their presence felt upon all occasions? In hospital practice, where there were unpleasant odours, he would employ it, but in private practice where plenty of pure fresh air was to be obtained, he would not think of using it.

"Dr. Reddy said it was a somewhat difficult matter to determine what a germ is. Carbolic acid was, however, not only a very powerful but a very valuable agent. By its use, he believed, the spread of scarlet fever in any family

could be prevented to a certainty. To this end he had it freely sprinkled about, and carbolic soap used by all in the family.

"Dr. Craik in replying to the various speakers, said that in regard to the germ theory, that was a matter which would always be a bone of contention, and the different conclusions arrived at would depend largely upon the peculiar bias of individual minds, but when an opponent of the theory attempted to argue against it, he should at least be logical in his conclusions. Dr. Hingston had asserted that if air were capable of producing the deleterious effects in wounds which were attributed to it by the supporters of the theory, it should do so in every case in which it had access to wounds. Such an assertion was, in his opinion, absurd, for the fact that germs were sometimes present in air did not prove that they were necessarily present under all circumstances. In Canada, at certain seasons, and in certain localities, thistledowns might be seen in large quantities floating in the air, and being carried with it to reproduce themselves and contaminate healthy soil elsewhere. But it would be equally absurd to argue that the air was always, and under all circumstances, loaded with thistledowns. The fact was, that we should be guided in such cases by other evidences besides those of vision, and not jump to the hasty conclusion that because we could not see the germs, they did not therefore exist; there were other kinds of evidence which ought to convince a reasonable mind as perfectly as ocular demonstrations.

"Dr. Hingston begged to disclaim the views which had been attributed to him, and to say that he did not wish to deny the presence of im-

purities in the air under certain circumstances, but that pure air did not contain them. He considered that Dr. Craik's remarks about thistle-downs strengthened the view he had advanced.

"Dr. Craik accepted Dr. Hingston's correction, and congratulated him on his apparent conversion to belief in the truth of the germ theory!"

It is curiously interesting now to look back on these discussions, and see how near and yet how far even Lister's followers were from the truth. There was really very little difference between Craik and Hingston in practice. The former believed in the "germ theory", but was quite vague about it; the latter wanted more proof than could then be given him. Also, it may be added that while many of the speakers referred glibly to antisepsis, none of them took hold of Lister's methods and practised them faithfully and steadily.

### III

In 1872, Roddick, during a holiday trip in Great Britain, visited Edinburgh and watched Lister at work. In a letter to the *Canada Medical & Surgical Journal* he says:<sup>8</sup>

"Soon after my arrival in Edinburgh . . . I had the opportunity of studying Mr. Lister's antiseptic treatment in its purity, and I certainly was impressed with what I saw.

"Mr. Lister, as many of your readers doubtless know, at present uses almost nothing but the

<sup>8</sup>1873, I, 214.

carbolic gauze, and the one to forty watery solutions, either in spray or as lotion. Mr. Lister performs all his operations, even to a simple incision, under a 'Carbolic Spray' generated either from a mammoth Richardson's syringe, worked with the foot, or an apparatus on the same principle having a handle, etc., resembling the ordinary air-pump. All dressings, likewise, are applied under the spray, so that the atmosphere surrounding the part is constantly charged with the antiseptic. He applies the gauze on all occasions, in the manner of eight folds . . . the gauze is applied in a perfectly dry state. Mr. Lister washes the walls of all his wards with a preparation of carbolic acid, and whether that is the cause, or whether it is owing to the quantities used in the dressing, certain I am that they have a remarkably sweet odour, so to express it, which is still more noticeable from the number of surgical cases they contain."

It is evident, however, that he made no attempt to introduce Lister's methods into the General Hospital at that time. One might have expected Shepherd on his return in 1875 to preach the new gospel. He, too, had watched Lister at work, and had been impressed, and in some respects he was just the man to understand the revolution which was going on, and to forward it. Probably he did say the word in season, but as is suggested in his biography by Dr. W. B. Howell, he was hampered by having neither private practice nor hospital appointment at the time.

Malloch's work in Hamilton has been mentioned, but it was not being followed up as it should have been.

In September, 1876, Lister paid a visit to Philadelphia and gave a three hour address on antisepsis before the International Medical Congress. Whether or not Roddick heard him then we do not know, but in the following year he decided to cross to Edinburgh again and learn more of the new method. Once more his impressions were given to the *Canada Medical & Surgical Journal*, whose editor, Dr. George Fenwick, had the genius of a good editor for getting his friends to supply him with material. When Roddick reached Edinburgh Lister had just accepted the King's College Hospital appointment in London, and left Edinburgh at the end of that summer's session. But Roddick saw what he wanted, and then went up to London for the rest of the summer, in order to follow the work of the London surgeons.

He spoke warmly of the kindness with which he was received, and the wealth of material in the hospitals, but he was by no means overawed. He mentions, for example, his watching Mr. Spencer Wells performing ovariotomies, and reports that he "failed to see the great advantage of the position in which the patient was placed, over ours, in fact, in one case much valuable time was lost." His additional comment is further proof of the attitude towards Lister's work which prevailed with even the best men in London. Actually, Spencer Wells

had accepted the germ theory of disease quite as soon as had Lister, but he had not followed it up.

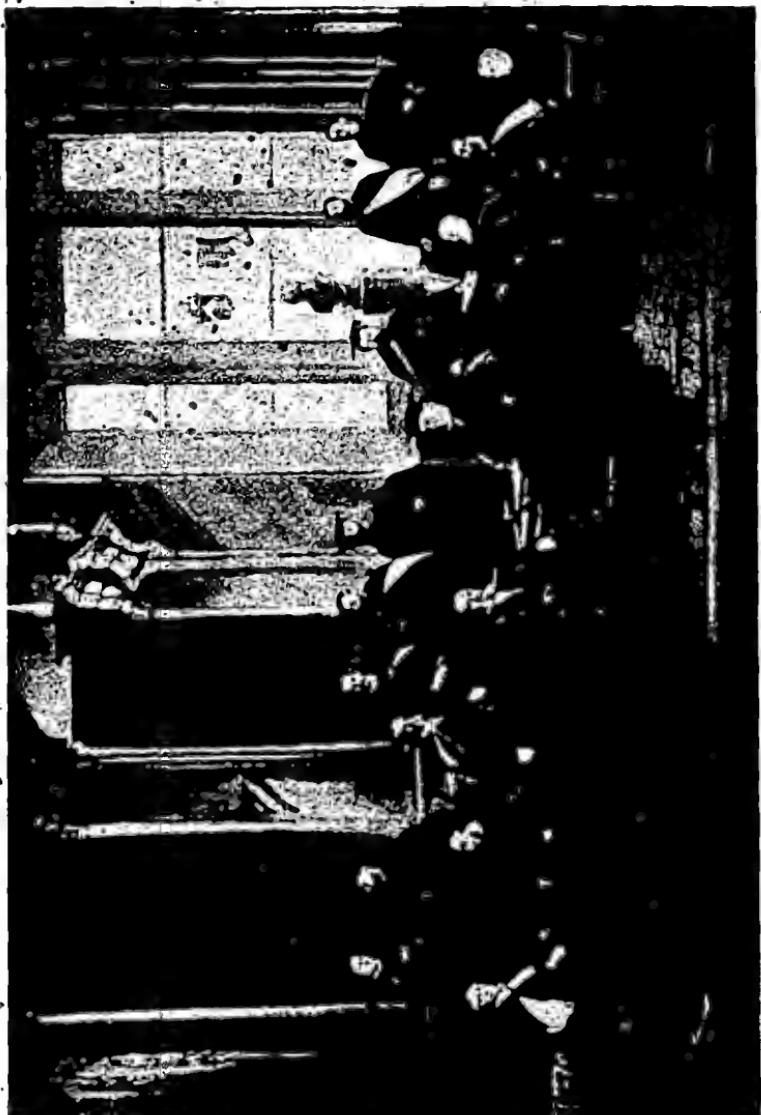
"Mr. Wells has recently had what he calls a very narrow escape from the antiseptic system. He had ordered arrangements to be made to operate on a series of some 25 cases antiseptically. By some misunderstanding things were not ready when required, so he went on and performed 27 successful operations. Of course had Mr. Wells' original intention been carried out the friends of 'the antiseptic' would have been jubilant."

Roddick added:

"Lister himself is not satisfied that his system as at present practised is going to hold good when the peritoneum is interfered with. He fears the spray may be too irritating for so delicate a structure. However, this is merely conjectural on his part, as he had not yet had that amount of experience in this direction which would justify him in taking a more positive stand."

Mr. Wells' attitude towards Lister's teaching was not comparable with the bitterness of some of his colleagues in London. The late Dr. John Stewart, of Halifax, who had accompanied Lister to London as his house surgeon, relates an incident illustrating this intensity of feeling. Soon after his arrival in London Lister employed his new technique in an operation on a fractured patella. One of the leading surgeons in London on hearing of this, said to his students, "Now, when this poor man dies, it is proper that someone should proceed





T. G. Roddick Geo. Ross Wm. Osler F. J. Shepherd Wm. Gardner G. P. Girdwood P. Buller B. L. MacDonnell  
R. P. Howard W. Wright Wm Scott Principal Dawson Dean Campbell D. MacCallum Robert Craik Wm. Fenwick

The Medical Faculty of McGill University in 1882.

against *that man* for malpraxis." As it happened, the patient did very well.

In September, 1877, Roddick returned to Montreal, bringing with him "a complete Antiseptic outfit, including boiler, charged gauze, protective, drainage tubes, etc." The "boiler" was the famous carbolic spray, admittedly "the most troublesome item in the whole proceeding", but also considered to be one of the most essential details. The whole must have represented a considerable outlay, as the spray alone cost £8 sterling.

Roddick had listened to Lister's teaching to good effect. He tells us that on his return, he had not been many hours in the city before he was called on to attend a case of compound fracture of the leg, which he dressed with the full antiseptic ritual.

His enthusiasm carried conviction, and within two years whatever skepticism there had been in Montreal was almost entirely removed. In spite of its being cumbersome, the "spray" method was kept up for some years. Dr. C. F. Martin in his student days, saw the spray being used at the General Hospital. His chief recollection of the occasion was the completeness with which everything and everybody was soaked with carbolic solution. Dr. H. S. Birkett, who was Roddick's house surgeon in 1886, remembers the spray very well. He recalls that, as we would now expect to be told, there were many cases of nephritis from the excessive quantity of carbolic absorbed by the patients, to say nothing of the surgeons themselves.

The Reverend Canon Scott remembers well hearing his father, who was then Professor of Anatomy at McGill, coming home after operating at the General Hospital and grumbling that he had been nearly drowned by "that fellow Roddick and his spray." Dr. Scott was never enthusiastic over the "germ theory".

The minutes of the medical board of the General Hospital contain the following entry on May 4, 1878:

"Application was made to the Board for permission to make requisition from the Committee of Management of the following apparatus: 2 Lister's Antiseptic Atomizers (Scotch). Granted."

#### IV

Roddick lost no time in letting the profession know of his results with the new methods. Exactly twelve months after he introduced antiseptic precautions into the General Hospital he read a paper on the subject before the Canadian Medical Association, at their annual meeting in Hamilton, September, 1878. He told the Association that the results exceeded his fondest expectations, but he also described his failures. In one case he blamed infection of the wound on the fact that the spray had broken down during the operation, and could not be induced to function again. (This frequently happened.) The absolute necessity for the spray was, he said, completely demonstrated by this case.

In the second case (an amputation of the breast),

he was a little puzzled as to why the patient developed fever and infection, in spite of the most careful antiseptic precautions. He thought, however, that it might have been because she had been secretly stuffing cotton wool under her dressing to avoid the irritation of the gauze. "Now," said Roddick, "I think if germs are able to appreciate the 'comforts of a home' they will find them among the delicate soft and warm fibres of the cotton wool."

The third failure he frankly admitted he could not explain, unless it was because he had not sufficiently cleansed the limb beforehand.

A year later he reported again on the work at the General Hospital, and by this time he had acquired experience that qualified him to speak with authority. Nowhere else on this side of the Atlantic was there anything like as impressive a showing. It was fitting that his report should find a place in the first volume of the Montreal General Hospital Reports, along with papers by such of his friends as Osler, Howard, Buller and Bell.

The report opened with some comments on the pre-existing conditions in the wards:

"For many years the Hospital Staff had been almost in despair over their surgical cases. It was exceptional to save an amputation, and even operations of the magnitude of breast and tumour excisions were frequently followed by fatal results. It was next to impossible to protect a wound against erysipelas, and blood-poisoning was an every-day occurrence. . . .

"I regret that it is not in my power to offer an accurate comparative statement of the surgical results of the Hospital before and after the introduction of Lister's method, as unfortunately we had not been in the habit of keeping complete records of the cases. In the following table, however, will be found a faithful statement of the results for two years ending September, 1879.

[He then gives a list of major operations, totalling 64, with two deaths.]

"We have then a record of 64 major operations with two deaths, being a mortality of 3.12 per cent. There are few British hospitals whose statistics can compare favourably with these. The late lamented Callender, of St. Bartholomew's, boasted of a mortality of barely 3.4 per cent., his operations being performed by a modified antiseptic method.

"To give some further idea of the great change wrought by 'Listerism' in our own hospital, I would quote the results in the amputations of the lower extremity during the last two years of the old system. Of four amputations of the thigh recorded, *all were fatal*. Of six amputations of the leg, *four* were fatal.

"This frightful mortality is probably exceptional, but what guarantee have we that it would not have been perpetuated under the then existing method of treatment? The fact is, as a staff of hospital or hospital surgeons we had no well established or uniform method of treating wounds or amputations. The form of dressing applied depended in great measure on the caprice of the operator—thus, one would use water dressing and leave the wound open; another would attempt to seal it hermetically with a view

to securing primary union, the result being often great tension, and rapid septo-pyaemia; while a third would be influenced by every suggestion, and in the space of a few days would have tried several different dressings. Now we have a definite method of procedure, and we know from experience that if all the prescribed precautions be taken a certain given result will follow.

"There is another remarkable fact which is well worth recording, namely, that in the two years under consideration, there has not been a single death from erysipelas. For months together the ward set apart for that purpose has not contained a single case. In fact, during the session 1878-9 a case of traumatic erysipelas would have been almost welcomed for its clinical interest. Now and then patients with the idiopathic form have been admitted, but these were never isolated."<sup>9</sup>

Soon after delivering this paper Roddick received the following letter from his friend, Dr. T. Mack, who, writing from the General & Marine Hospital, St. Catharines, Ont., on March 5, 1879, said:

"The antiseptic treatment was first established in this hospital immediately after the details of the process had been promulgated by Dr. Lister, and fully one year before it was tried in Montreal. I can furnish you any evidence you may demand of the fact. As to the results, they have been satisfactory."

<sup>9</sup>"Some remarks on Lister's Antiseptic Method, as practised in the Montreal General Hospital (During the Two Years ending September, 1879)." *M.G.H. Reports, Clinical & Pathological*, 1880, p. 243.

Roddick immediately had this letter published in the *Canada Medical & Surgical Journal*,<sup>10</sup> pointing out that his claim to the establishment of Lister's method in the Montreal General Hospital had been made subject to correction, and adding,

"I can only say that I am delighted the 'system' has found such an able advocate, and I trust the day is not far distant when the profession will be favoured with the results of Dr. Mack's experience."

This, however, seems to have been only an isolated instance of the following of Lister's methods. It was praiseworthy so far as it went, but was of little influence in spreading the practice of antisepsis. At all events, there was no published account of the work mentioned by Dr. Mack, and no more was heard of it.

## V

There was of course a great deal still to be learned before modern methods of asepsis were evolved, and it was not long before the spray began to be severely criticised. Dr. Shepherd, who never tired of telling his students of the incredible transformation of surgery that he had witnessed, allowed full play to his powers of picturesque description when he came to speak of the extremes to which antiseptic methods used to be carried.

He showed that in Germany and Austria the change from septic to antiseptic surgery had

<sup>10</sup>1879, 7, 384.

worked even greater marvels than in England, since operating conditions on the Continent were usually worse. Their enthusiasm over the new method carried them to extremes:

"They were not satisfied with the modest little boiler of Lister, but had a ten-horse power boiler in a special room adjoining the operating room, and from it poured out volumes of antiseptic spray till the operators, patient and assistants were wet to the skin, and the atmosphere was worse than a London fog. Soon men found out that quite as good results were obtained by irrigation, so the cry was 'fort mit dem spray', and the boilers became obsolete. Now there was a Niagara of antiseptic solutions, the operator and his assistants waded about the operating room in long rubber boots. Visitors who had no boots got on to chairs and watched the deluge. . . . Soon it was found that this was doing too much and aseptic surgery came in, deluging with antiseptics was abandoned, and dry dressings were adopted with aseptic and sterilized materials, and the patients did quite as well."<sup>11</sup>

Roddick was never an extremist, but he was slower to change from the moist antiseptic methods than was Shepherd. In 1882, at the annual meeting of the Canadian Medical Association, in Toronto, Shepherd read a report from the Committee on Surgery,<sup>12</sup> and this, with the ensuing debate well describes the difference in point of view regarding the more recently advised methods of antiseptic

<sup>11</sup>*Montreal Med. J.*, 1899, 28, 248.

<sup>12</sup>*Can. Med. & Surg. J.*, 1882, 11, 111.

wound-dressings by dry dressings, pressure, iodoform, etc. These were looked on as replacing 'Listerism', which was defined as the procedure by spray, gauzes, mackintosh, etc.

In Shepherd's opinion dry dressings were better than the drainage tubes of Lister's method, as these kept up discharges by their mechanical irritation. He also greatly preferred iodoform to carbolic acid,

In the discussion of this report, Roddick was one of the first to concede its excellence, but he said he was not yet a convert to dry dressings. He had had such success with "Listerism" in the Montreal General Hospital that he could see no good reason for adopting another system. However, he admitted, very good results had been obtained by some who did not follow Lister's methods exactly; Keith of Edinburgh was one. He had given up using the spray, and yet was obtaining excellent results. Roddick was clearly puzzled by this apparent anomaly, but it was only because he had allowed himself to be too greatly influenced by a detail of technique. As a matter of fact, it was Lister himself who had advised Keith to give up the spray, both because he felt uncertain as to the effect of carbolic in the abdominal cavity, and also because Keith himself had an idiosyncrasy to carbolic acid. It only showed, Lister said, that other methods of ~~disinfection~~ would have to be sought.

It may be repeated here that Roddick had an idiosyncrasy to iodoform, which caused an erup-

tion on his hands, and in after years definitely limited his operating. It may have been on this account that he had a disinclination to use it instead of carbolic.

Shepherd had a clear appreciation of what antiseptics meant. The fact that he did not follow Lister's technique exactly (Lister himself was continually modifying it) does not mean that he differed from Lister in principle. He was not of those who would not admit that Lister had introduced any new idea at all; and who would speak casually of using both Listerism and non-Listerism, and of getting equally good results in either case. These men had not grasped the principles.

But even those who followed Lister's teaching could advance only as fast as bacteriological knowledge allowed them. It was only when the omnipresence of infective organisms began to be realized that modern aseptic methods could be developed. And this knowledge came only very slowly. The following extract from the minutes of the Medical Board of the Montreal General Hospital, dated October 16, 1888, illustrates the slow realization of what asepsis meant:

“Dr. Bell drew the attention of the Board to the fact that the man now acting as ward assistant for the administration of enemata was also assistant fireman and assistant in the post-mortem room. The Medical Superintendent was requested to put a stop to this arrangement as it was destructive to the efforts on the part of the surgeons to preserve asepticism in their wards.”

Dr. Birkett tells me that he remembers this somewhat versatile individual quite well. He was a man with a wooden leg and probably had had an intimate personal acquaintance with the surgery of the day.

It is not easy to say exactly when Roddick gave up operating under the spray. Lister finally abandoned its use in 1887, and probably it was not long after that everyone else followed his example. The spray we can see now was actually one of the least valuable of Lister's technical devices, and he had no hesitation in admitting its inutility.

We may conclude, then, that Roddick played an important, though by no means the only part, in introducing antisepsis into Canada. He was fortunate in having a large, active hospital in which to carry on his work, and a group of men who supported him whole-heartedly, and who were as keen as himself in developing the new ideas. Undoubtedly, his energy and enthusiasm gave an impetus to this work which no other single individual in Montreal could claim.

## CHAPTER III

### RODDICK'S WORK IN THE RIEL REBELLION

#### I.

ON MARCH 22, 1885, a despatch was received in Ottawa to the effect that Louis Riel with a band of some 400 men had seized the mails at a way office near Duck Lake, Saskatchewan. Telegraph communication with Prince Albert also had been interrupted, and Riel had formed a camp at Duck Lake, threatening to attack Fort Carlton. Several stores had been looted.

That was the beginning of the Riel Rebellion of 1885. The present chapter will deal mainly with its medical aspects, in the handling of which Roddick gave the first public evidence of his administrative capacities.

Without tracing the whole story of the rebellion, it may be well to recall that sixteen years before this outbreak there had been an occasion of great unrest in the newly formed North-West Territories. The settlers in that region, chiefly French and half-breeds, felt that they had grievances at the time that Rupert's Land was ceded to Canada by the Hudson's Bay Company, and they were not ready to put themselves under their new masters.

A provisional government was formed, with Louis Riel as the leader. The situation was one in which the steadiest and wisest counsel was needed, but Riel was by no means fitted to give it. He seized Fort Garry on November 3, 1869, and imprisoned several men whom he accused of opposing his provisional government. Among these was a young settler named Thomas Scott, who was eventually executed by Riel.

For this affair Riel was not brought to justice. He was outlawed, however, and crossed to the United States, where he spent some time. For part of this period he was under treatment in a mental hospital in Washington, D.C. Later on, in 1874, he actually stood as member for Provencher in the Province of Manitoba, and although there was still a price on his head he was elected to that constituency. The story of his managing to get himself sworn in as an M.P., in Ottawa, is well told by the late Senator Rodolphe Lemieux.<sup>1</sup> It is a good example of Riel's audacious, but unstable, temperament.

Riel's election of course gave him no advantage, as he could not show himself in Parliament. The election was annulled, but he was chosen again to represent Provencher, by acclamation, and then he was formally declared an outlaw. All this time he was being sheltered by friends in Quebec. He spent many months in mental institutions, first at Longue Pointe, in Montreal, under Dr. Henry

<sup>1</sup>"Memories of Fifty Years." *The Montreal Standard*, October 2, 1937.

Howard, and then at Beauport, in Quebec. Dr. Howard later gave a detailed account of his case,<sup>2</sup> with interesting comments. According to him, Riel was greatly to be pitied. Howard never could be quite sure whether he was acting a part, or was mentally deranged. On the whole, he found him "a loving man, and charming in conversation."

Later on, Riel went back to the United States. In 1885, however, trouble developed in Manitoba. The government surveyors began running their lines across lands which settlers still regarded as their own, and Riel was again called on to champion their cause. He was now even less fitted to be a counsellor than before. He resorted to arms, and the results were the events already described.

This uprising was much more serious than the former outbreak, and it was immediately recognized that the strongest measures would be necessary to deal with it.

## II

A very brief note on the main points of the military aspect will serve to give the setting of Roddick's work. The first mobilization orders were issued on March 23, 1885, and within less than a week a considerable force was assembled at Winnipeg under General F. D. Middleton. The total number of men eventually put into the field (including Mounted Police) was more than 5,000, with eight guns. Volunteers came forward from all

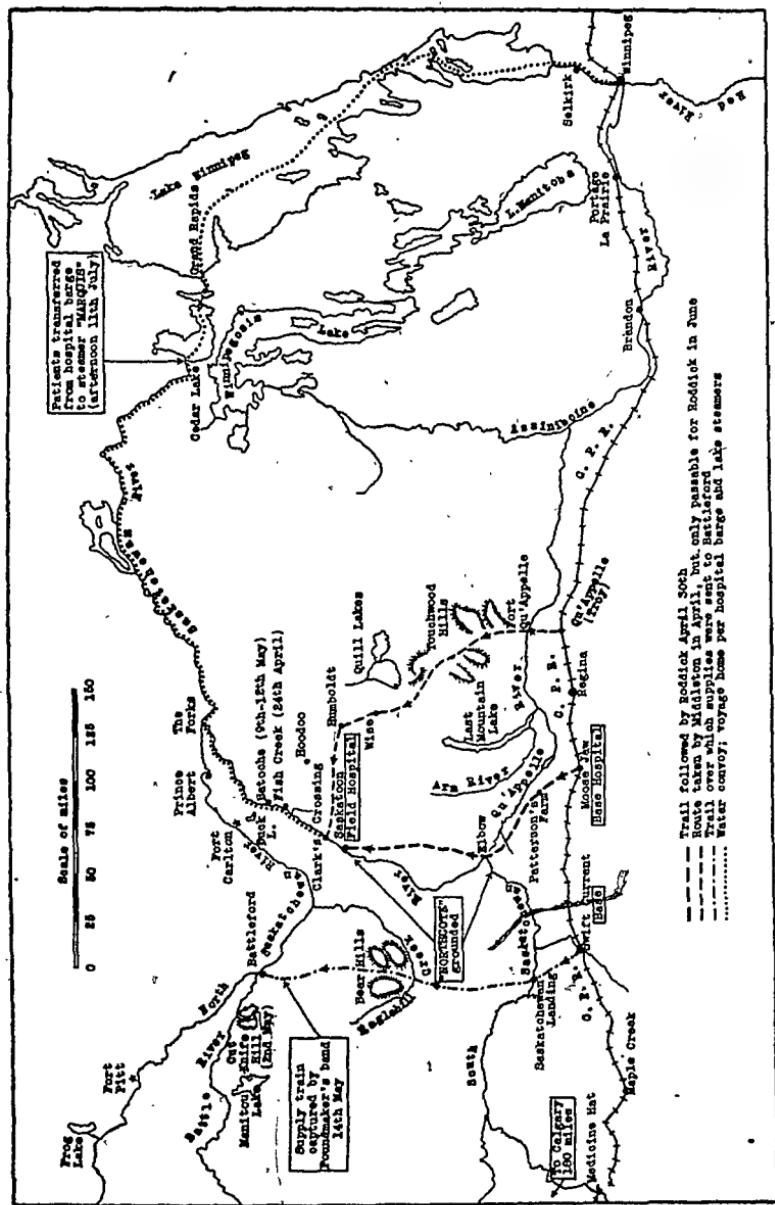
<sup>2</sup>Can. Med. & Surg. J., 1885, 14, 640.

parts of Canada, and one letter is on record offering the services of a group of thirty-six Canadians living in Chicago.\*

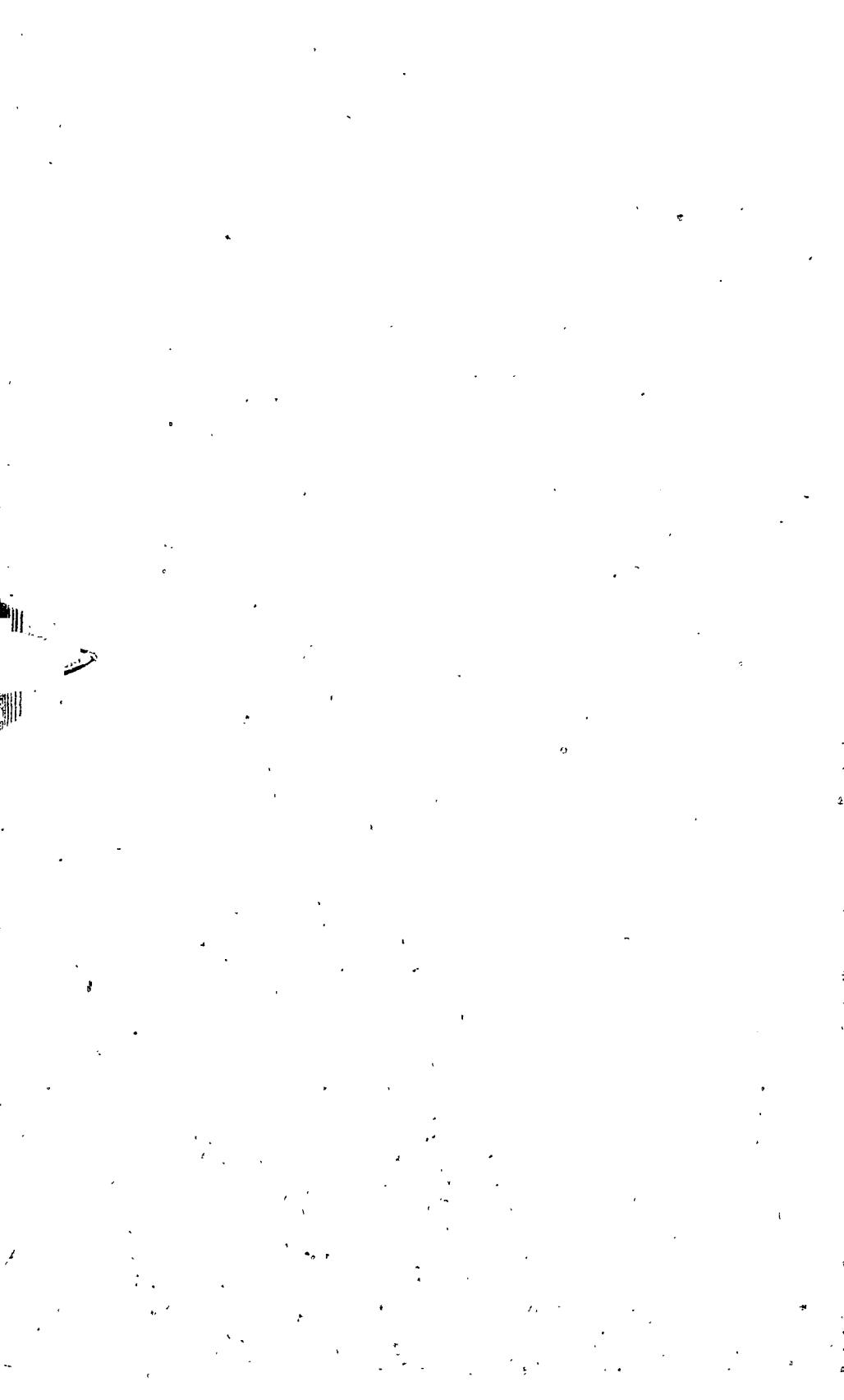
Middleton left Winnipeg on March 27, and divided his forces into three columns, which moved north from widely separated points on the Canadian Pacific Railway: the main column, commanded by himself, struck off from the railway at Qu'Appelle, using the trail shown in the map opposite; the second column, under Lt.-Col. W. D. Otter, moved off from Swift Current, and marched north, meaning to join Middleton at Clark's Crossing on the South Saskatchewan River, but it was diverted to Battleford, to deal with the situation there; the third column, under Major-General T. B. Strange, gathered in Calgary and moved northeast to Edmonton.

The forces thus were scattered over a very wide area. One of the striking features of the campaign was the distance covered by the various columns to reach their destinations from the rail bases. Middleton had a march of 211 miles from Qu'Appelle to Batoche. Otter left Swift Current on April 11, and marched 203 miles to Battleford. Strange left Calgary on April 20 and marched 194 miles in fifteen days to reach Edmonton. These marches were made in weather which varied from twenty degrees below zero, to rain and mud. In the early stages one account describes tent pegs as having to be cut out of the frozen ground with axes.

\*The Caron Papers: Ottawa Archives.



Area administered by Deputy Surgeon-General Roddick in the campaign of 1885.



The campaign developed as follows: Strange eventually found his enemy, a band of Indians under Chief Big Bear, in too strong a position for his small force to deal with, and had to retire to Fort Pitt and await Middleton's advance. Otter's column engaged with another Indian chief, Poundmaker, at Cut Knife Hill, and had to withdraw to Battleford after losing 8 men killed and 14 wounded. He too had to await the arrival of Middleton with reinforcements.

Middleton became engaged with the main body of the rebels under Louis Riel and his able lieutenant Gabriel Dumont. The first engagement was on April 24, at Fish Creek, where Dumont had prepared a strongly protected position. In this fighting Middleton had more than fifty casualties, and he had to pause for reinforcements and hospital staff. How these reached him will be described a little later on, but to complete the sketch of the fighting it may be said that with the arrival of more troops Riel's forces were overwhelmed at Batoche, and he himself was taken prisoner a few days later.

Middleton then moved on to Battleford, where he found Poundmaker willing to surrender. On May 30 he continued on to Fort Pitt to help Strange against the Indian chief Big Bear. Their combined forces drove Big Bear to retreat into very difficult country in which he could not be followed. However, on July 2 he gave himself up, and that marked the end of the campaign.

## III

The formation of a medical service was not begun until eight days after the troops had been ordered out. We are accustomed to think of the Canadian Army Medical Corps of the Great War as being built up from only a skeleton, and so it was. But at least there was a skeleton. In 1885, when the Minister of Militia and Defence, the Hon. Adolphe P. Caron, had to produce his medical corps—the Medical Staff Corps, as it was then called—he had nothing at all to call on. He appointed Dr. Darby Bergin, M.P. for Cornwall, Ont., as Surgeon-General, and this officer's report gives us a good idea of the situation.<sup>4</sup>

"When on the first of April of last year (1885) I undertook the organization of a Medical Staff Corps, I was not blind to the difficulties of the situation. There was no fixed Departmental Medical Staff, no Field Hospital or Ambulance Service, no organized Corps of Nurses, no fixed method of recognizing such societies as the St. John's Hospital Aid Society, the Red Cross, and other similar charitable associations.

"Added to these the hurried levy, the necessarily scanty equipment of many of the men consequent upon this, the severity of the weather, the difficulties of transport, the exposure of the Troops to the frost and snow in open cars, the long distances to be traversed between the finished and unfinished portions of the railway,

<sup>4</sup>"Report Upon the Suppression of the Rebellion in the North-West Territories, and Matters in Connection Therewith in 1885." Ottawa, 1886. This report includes all the official reports of the campaign, and unless stated otherwise, is the official source of my information.

the difficulty of communications, the distance between this city, the base of supply, and the field of operations, the Major-General Commanding having already left Winnipeg for the front with a portion of the troops—all conspired to render the task one of unusual difficulty. . . .”

The task might well have been characterized in even stronger terms.

Dr. Bergin's first appointment was a Deputy-Surgeon-General, and his choice fell on Roddick.

“In the selection of Dr. Roddick as Chief of the Medical Staff in the Field, I had an eye solely to the efficient performance of the duties, to give confidence to the country that the best medical and surgical skill was at the head of the service—that all was done, humanly speaking, that could be done for the comfort and safety of our young men in the North-West, and I am glad to say that his appointment gave the greatest satisfaction and inspired universal confidence.

“One of the most distinguished of Canadian Surgeons, young, full of vigour, of powerful physique, knowing no fatigue; a first-class horseman, I looked upon him as just the man for the place, and the result, as shown by the letters of our sick and wounded who were under his care, and of the Press, which is never slow to detect error or mismanagement—and equally ready, I must say, to offer a generous meed of praise, where found to be due—has amply justified his selection and stamped approval upon his work.”

Roddick's physical capacities were to be tested as fully as his administrative powers. As regards

military service, he had for many years been connected with various units. He had joined the Grand Trunk Artillery in 1868, and was their assistant surgeon under Colonel Brydges, and he had become surgeon to the Prince of Wales Regiment just before the outbreak of the rebellion.

There was little difficulty in obtaining medical personnel. Bergin knew that in some of the medical schools, particularly those of Toronto and McGill, there had been instruction for some years in first aid and stretcher drill. Dr. James Bell had been interested in this at McGill and Dr. O'Reilly at Toronto University. It was announced that volunteers would be accepted from both these sources. Apparently the entire medical student body in the Dominion offered their services. They wanted no pay, but the Surgeon-General insisted that he would have no unpaid volunteers. He did not believe that they would serve so well if they were not paid.

The choice of the men was left largely to Dr. G. E. Fenwick at McGill, and Dr. O'Reilly at Toronto. No men were accepted from the freshman years.

The volunteering for the nursing services was especially enthusiastic. Nuns offered their services, along with Sisters of St. John the Divine, of Toronto, and ladies from all parts of the country and from the United States. Ladies' Aid societies were formed, and began collecting medical comforts and extras. Unfortunately, Dr. Bergin la-

ments, many of these supplies were plundered by teamsters whilst on their way to the soldiers, and some even fell into the hands of Poundmaker's Indians, "who for some days feasted gloriously upon potted meats, preserved fruits, marmalades and jellies: and held high carnival upon the fine brandies and luscious wines intended for the brave fellows shut up in Battleford".

A Red Cross Corps was organized in Toronto, made up of young graduates, who received only their transport and rations.

There was no Army Medical Corps as such. Two field hospitals, each with a complement of six officers, formed the field units, whilst each regiment had its own medical officer, who was independent of any central medical authority. In some instances, the regular medical officers did not accompany their regiments, volunteer surgeons being attached instead. Dr. Bergin complained loudly of the lack of discipline amongst the regimental medical officers and suggested that a regular Medical Corps be formed, from which personnel could be drawn.

Some of the regimental surgeons took the field "almost entirely destitute of the commonest instruments and appliances required in everyday work". On the other hand, one battalion surgeon incurred an account of nearly \$500 for "instruments, medicines, and appliances, out of all reason and sufficient for several regiments".<sup>5</sup>

<sup>5</sup>Report of Purveyor-General Sullivan.

The lack of adequate transport in a country which demanded a maximum of transport, was one of the greatest difficulties in the campaign, and in this respect the medical branch was probably the least equipped of all.

#### IV

It was on Friday, April 3, that Roddick was summoned to Ottawa and asked to undertake the work. His pocket diary records that he spent all next day working up details with Bergin. "Tried to leave Ottawa at six—blocked by snowstorm. Went back to hotel at 11 p.m." He reached Montreal next day and got together a staff of medical men. On April 7, he left with his No. 1 Field Hospital, commanded by Dr. C. M. Douglas, V.C., of Lakefield, Ont. Douglas had won his medal while on service with the 24th Regiment in the East Indies, and held the rank of Brigade Surgeon. He was the first man that Bergin turned to in the gathering of medical supplies.

The Canadian Pacific line was still incomplete and the party travelled via Chicago and Minneapolis, reaching Winnipeg on the morning of Sunday, April 12. General Middleton had been in the field for two weeks and was now operating at a considerable distance from the railway line. Roddick telegraphed him that he was anxious to furnish a field hospital, and also that he wanted to know where he should locate his Base Hospital. He received orders to go to Swift Current, establish his

hospital there and get in touch with the field forces by way of the Saskatchewan River.

Three days were spent in Winnipeg waiting for medical supplies from Montreal. In the meantime Roddick arranged with the Winnipeg General Hospital to take in sick and wounded men at the rate of \$1.50 per day, and appointed Drs. J. Kerr and F. H. Mewburn to take charge of the wards so set aside. He also took on four students from the Winnipeg School of Medicine.

He learned also that the medical equipment of the regimental surgeons in the field was extremely scanty, and could not possibly meet the needs of an engagement, or any considerable outbreak of illness. This made him all the more anxious to get medical supplies up to Middleton's column as soon as possible. On the eve of leaving Winnipeg, therefore, he again wired Middleton suggesting, on the advice of Lieutenant-Colonel van Straubenzie, who had joined his party, that instead of taking the whole medical outfit to Swift Current, he should be allowed to detach a small party of a surgeon and dressers, with supplies, to go up by the Qu'Appelle trail. Straubenzie himself wanted to go by that route, and Roddick thought it would save much valuable time.

However, Middleton repeated the order to go to Swift Current and use the river route. He believed that the Qu'Appelle route, which his own column had used, would now be impassable, and said it was to be abandoned.

Roddick therefore went on to Swift Current by rail, occupying what was Canada's first "hospital train". This had been supplied by the Canadian Pacific Railway, and is described by Roddick as follows:

"Supt. Egan of the C.P.R. kindly gave every assistance in procuring and fitting up a caboose and emigrant sleeper, to be subsequently used for purposes of transport. A box car was also secured for baggage and equipment. . . . The emigrant sleeper is eminently adapted for the transportation of sick and wounded men, being arranged with berths similar to the ordinary Pullman car, but with this great advantage for hospital purposes, viz., the entire absence of upholstery of any kind. It is also fitted with washroom and closet and heated with steam. With a very little trouble and expense the emigrant sleeper could be converted into a most admirable hospital car."

As it happened, Dr. Bergin had asked for this equipment with the precise idea of using it as a hospital train, but apparently Roddick was not told of this.

It was typical of Roddick that he should immediately see the hygienic advantages to be derived from the very bareness of the cars.

This equipment proved to be most useful, for when Swift Current was reached it was found that there were no houses available, and no tents to spare. Roddick therefore quartered his surgeons and dressers on the train, and when No. 2 Field

Hospital Corps arrived, with a personnel of 27, they were similarly accommodated.

Roddick reached Swift Current on April 16, and from this point he sent on various detachments of medical men. Surgeon-Major Douglas, taking a hospital outfit and staff, was ordered to report to General Strange at Calgary. Surgeon J. Reddick was detached for duty with the Midland Battalion at Saskatchewan Landing, and a final hospital staff in charge of Surgeon James Bell, was sent off to join General Middleton, on April 23.

Bell and his party took passage in the river steamer "Northcote", from Saskatchewan Landing, a point about thirty miles from Swift Current, and, together with a detachment of four companies of troops, was to be landed at some point lower down, nearest to Middleton's headquarters.

Roddick remained at Swift Current, directing movements of medical units as they arrived. Douglas soon came back from Calgary. He had established a small hospital there, leaving it in charge of Surgeon W. R. Tracy, but he himself had nothing more to do, since Strange had a Brigade Surgeon with his column, and, besides, as Roddick adds, it was impossible to get transportation for the medical equipment.

## V

On April 24, Middleton wired an account of the Fish Creek Battle, informing Roddick that there had been fifty casualties. For the next five days

Roddick had to remain inactive, growing more and more uneasy about the hospital he had sent down the river on the "Northcote". He had expected that there was going to be difficulty in getting down, and keeps noting in his diary "No word of Northcote". Some days later a scout brought in word that the steamer had grounded ten miles from the Elbow, and that the prospects of getting her off were poor.

This was more than Roddick could stand. He knew that Middleton must be badly in need of the men and medical supplies on the boat, and something had to be done to send him some. He therefore decided to go up himself, using the Moose Jaw trail. This trail had been abandoned for some years, because of hostile Indians in the vicinity and the unsettled state of that part of the country. Roddick had made inquiries from surveyors and others, however, and had come to the conclusion that it would be quite possible to use the route. In fact, he said later that if more had been known about it, this trail would have been selected in preference to the river route.

He took with him, Surgeon E. Pelletier, and four dressers, E. J. White, A. J. Schmidt, T. J. McDonald, and J. Rea. A large field pannier, and as much else in the shape of dressings, stretchers, etc., as could be carried in an ordinary wagon, were got ready, and the party of six, with two double wagons, a cart for fodder, and two spare horses, left Moose Jaw on the afternoon of April 30.

Roddick had expected to find the "Northcote" still stuck at the Elbow, but she had been refloated and had gone on down the river. Later on the trail he met a party with fifty teams which had been sent to lighten the steamer and allow her to get over the various sandbars in the river.

Roddick travelled hard, as his diary shows. On the first day, leaving Moose Jaw at one p.m. they did twenty-six miles to Patterson's Farm, where they stayed the night, "self in house, and men in stable". Later on, the only shelter they had at night was under the cart.

*"May 1. Left Patterson's at 6 a.m. Breakfast at ten, near slough. Dinner at 3. Left again at 5. Elbow at 7:30 p.m.*

*"May 2. Left Elbow at 3 a.m. Breakfast 6 a.m. Dinner at Beaver Creek at 1 p.m. Pushed through, camping at 8 and 11.*

*"May 3. Reached Saskatoon at 2 a.m., just 60 hours from Moose Jaw. Found Drs. Orton, Ralston, Moore and Willoughby and wounded 35 in all. Rose at 7 and went round cases with Orton, who left at 11."*

He found that Surgeon-Major Douglas had arrived two hours before him, having paddled alone in his canoe down the South Saskatchewan a distance of more than two hundred miles. It was a notable achievement, and received special mention in Roddick's despatches, but Douglas' account of it is exceedingly modest, and is also a good illus-

tration of the casual manner in which the campaign was regarded.<sup>6</sup> He says:

"One sunny morning in April we were sitting at breakfast in a caboose on the Canadian Pacific Railway at Swift Current, and were talking about an encounter that had recently taken place between a party of half-breeds and the force of Canadian militia under General Middleton, and were discussing the possibilities of the 'Northcote' making her way down the river safely.

"A happy thought occurred to me. Why should I not go down the river in a canoe I had with me? I would be such an insignificant object that if there were hostile Indians along the bank I would probably pass them without being seen. I would see what the river was like and how the steamer was getting on. After a little discussion with the General in command it was decided that I should start next morning.

"Then I set to work to make my preparations, not without sundry misgivings as to my reaching my destination, a sort of half regret that I had committed myself, and mental visions of wily Indians taking a pot shot at the solitary navigator and sending him to the happy hunting grounds to paddle his own canoe at his leisure."

Then he describes his canoe, which was a canvas folding one, twelve feet long and two and a half feet wide, and weighing about fifty pounds with paddles and seats. He had a double bladed paddle, with a spare single one, and his supplies consisted of "blankets and an indiarubber sheet, biscuits,

<sup>6</sup>"Down the South Saskatchewan": *Forest & Stream*, 1885: 24: 466.

tinned corn beef and fruit, tea and sugar. My cooking apparatus consisted of a tin pint pot and a small spirit stove. I had a small revolver, but did not anticipate much benefit from it in the case of meeting a hostile red man, as he probably would have got the drop on me long before I sighted him."

He had first to get to the river, which was some thirty-three miles away. Roddick provided him with a "buckboard", and into this was packed the collapsible canoe and his supplies.

"My friends bade me good-bye with requests for locks of my scanty hair; to leave as little as possible for the inhabitants of the country through which I was going to pass, to exercise their peculiar talents on; and off I started."

He had some trouble with his horse, which was "a mild and meek looking specimen of the Indian 'kyuse'." After about fifteen miles of bumpy travelling Douglas got down to see how his canoe was standing the jolting.

"I never thought the meek animal I had been driving would take an unfair advantage of me, but he did. No sooner was I engaged with both hands about the package than he humped up his back, kicked up his heels, and away went buckboard and pony at a pace I should never have dreamed of him being able to accomplish, leaving me standing holding on to my canoe package."

Some distance further on the buckboard was halted by some teamsters, and Douglas came up to find his horse tied up. "He looked as sleepy as

ever, and immediately coughed as if to hint that his chest was delicate."

Douglas started off on his cruise next morning and found no more difficulties. At night he would land and sleep under his canoe, but says it was very cold, the rubber sheet being coated with ice in the morning. He came up with the "Northcote" wedged on a sandbank, and went on board, but "soon tired of the monotony of seeing the ship being warped from one sandbank to another". So he went on his way alone. When he reached Saskatoon he found the village in a state of commotion as a result of the wounded being brought in.

"So I had other work than canoe paddling to do, and my solitary paddle cruise came to an end."

Douglas made little of his dangers, but there is evidence that Riel knew about the movements of the "Northcote" and planned to capture her.<sup>7</sup> His idea, as was usual with him, was to seize the vessel and hold those on board as hostages in bargaining with the Canadian Government. Douglas would almost certainly have been intercepted under these circumstances, but fortunately Riel did not carry out his plan.

## VI

The battle of Fish Creek had been fought several days before this (April 24) and the Cut Knife Hill engagement the day before Roddick's arrival in

<sup>7</sup>Queen v. Riel: Evidence at Trial, p. 171.

Saskatoon. The wounded from Fish Creek (35 in all) were billeted on the inhabitants of Saskatoon and in the school house, whilst those from Cut Knife Hill were cared for in Battleford. Leaving Douglas in charge in Saskatoon, Roddick decided to find out what was happening to the "Northcote" with the men and supplies he needed so urgently. Accordingly, he set off up the river on May 4, and found the boat stuck about five miles above Saskatoon. His diary records, "Went on board and surprised all, as had no idea of my being up".

On the following day, however, the boat got into Saskatoon and the Field Hospital was disembarked. Roddick went on in the "Northcote" to get in touch with General Middleton at the Fish Creek camp, arriving there at 7 a.m. Another engagement was imminent, and after conferring with Middleton it was decided to prepare hospitals at Saskatoon and Swift Current:

Roddick therefore went back to Saskatoon, getting in at 7 p.m. He brought down a wounded officer with him, a Captain E. Doucet, one of General Middleton's aides, and visited a man with "caries of the spine" on the way. Here is an extract from his official report of May 7:

"Busy organizing. Appointed Dr. Willoughby to the position of Assistant Purveyor, and Mr. Jas. McGowan, a resident of Saskatoon, to that of Supply Officer.

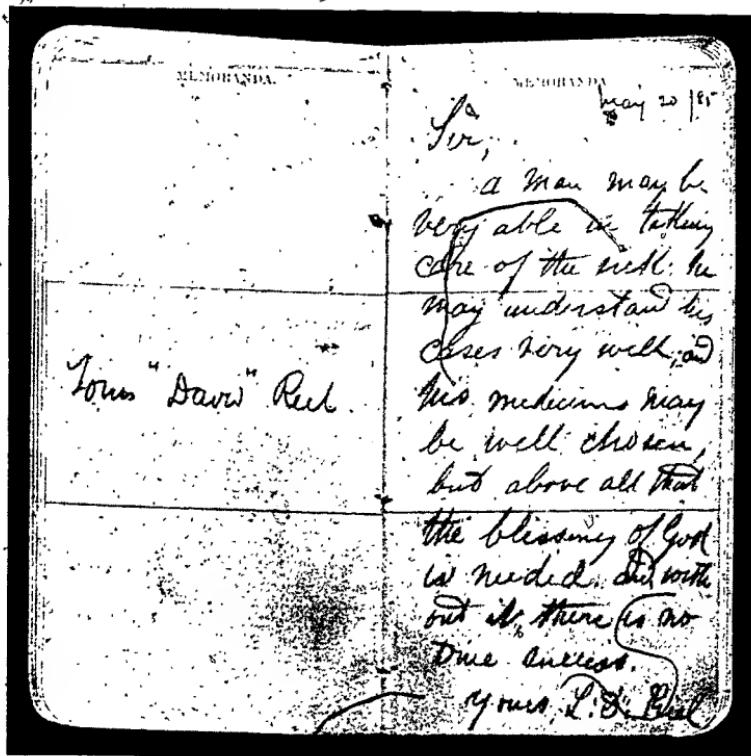
"Requisitioned the three largest houses in the place for hospitals, so as to concentrate the wounded and lighten the work of attendance.

"(In Saskatoon) there are about twenty wooden dwellings and a commodious school house. It is well situated from a sanitary stand-point, the banks of the river being high, and the soil naturally porous and dry. In fact, it would be difficult to find a better 'sanitarium' and I am convinced that much of the success which followed the treatment of the sick and wounded billeted here was due to the remarkably healthy condition of the place.

"The strictest rules were laid down by General Orders with regard to the immediate removal of all excreta and foul dressings, and privies were constructed at convenient distances from the buildings. A man was detailed to apply dry earth frequently, so that the discharges were never left uncovered for longer than a few moments; water was abundantly supplied from the river for cleaning purposes, while delicious drinking water was obtained from a spring two miles from the village.

"The food was at first a little scanty: under the circumstances, no complaint could be made. There was an abundance of fresh meat, a large drove of cattle having, through the admirable foresight of the Commissariat Department, arrived simultaneously with the wounded. All the eggs, butter, and flour available were purchased from the settlers, which, with the necessaries and comforts of the outfit which I had brought from Moose Jaw with me, served to make up a very fair dietary.

"For the following few days, the members of the staff were constantly engaged in nursing the wounded, as, owing to the absence of skilled women, much of the nursing had to be done by



Photostat of Louis Riel's letter written in Roddick's Pocket Diary.  
The date was added by Roddick.



ourselves. Two or three of the farmers' wives of the place kindly rendered what assistance they could, but their time was chiefly occupied in the preparation of food."

Riel met his Waterloo at the Battle of Batoche, on May 12. This was the most considerable engagement of the campaign, and provided Roddick with all the work he could handle in Saskatoon. The collection of the wounded at Batoche was done under the direction of Dr. James Bell, who was now Surgeon-Major. He had with him Dr. E. A. Gravely and H. A. Wright, and six dressers. The casualties for the fighting in this area, which had lasted throughout four days, were eight killed and forty-six wounded. A hospital tent was pitched at Batoche, and it was evidently well within rifle range, as Dr. Bell speaks of several bullets passing through the tent in the evening, but apparently without wounding anyone.

The following extract from the Surgeon-General's report describes an interesting incident of the fighting:

"At Batoche, I am told that during the fight a flag was thrust from the window of the church, and was observed by a surgeon and a student who were under shelter from the fire at a couple of hundred yards' distance. The student immediately he perceived it proposed that a party should at once go to the relief of the one demanding succour. No one appeared willing to second his proposal. To go to the church through the open under such a terrible fire as was being

poured from the half-breed pits, seemed to be like proceeding to certain death; but persisting, the surgeon said:

“If you are determined to go and we can find two volunteers to assist us in carrying a stretcher I am with you”.

“Two men from the Grenadiers of Toronto at once stepped forward: and the four started upon their perilous journey, crawling upon their bellies, taking advantage of any little inequality of ground to cover them, and to shield them from the bullets of the Half-breeds.

“They reached the church, the bullets tearing up the earth all around them, without a scratch, and looked around for him for whom they had risked their lives, to succour and to save. They found him in the person of a venerable priest, who had been wounded in the thigh, and they at once proceeded to remove him, after administering temporary aid. To remain in the church was to court certain death. To return to their corps seemed to be no less perilous, but they chose the latter.

“When they sortied from the church, so astonished were the Half-breeds at their daring that they ceased their fire for a moment. This time, returning, they had no cover but were obliged to march erect. Bullets flew thick and fast; but the condition of the wounded man precluded anything like hurry, and they hastened slowly. They reached their comrades in safety; their wounded charge also escaping without further harm.

“Such conduct deserves recognition, and I beg respectfully to call attention to it in this official

way. I have not yet been able to obtain the names of the two noble fellows belonging to the Grenadiers. . . . The other two are Surgeon Gravely of No. 1 Field Hospital, and Mr. Norreys Worthington, from the same hospital."

The wounded were collected on board the "Northcote", which had been used actively in the fighting two days before, and were brought down to Saskatoon May 14. The various functions of this boat are worthy of record. First of all, it acted as a transport, carrying troops, munitions, medical staff and hospital supplies. Then it had protective coverings added, and served as a very useful "monitor" in the fighting at Batoche; there were three casualties on board. It was then used as a hospital ship for the wounded.

After the fighting at Batoche there was no further serious resistance on the part of the rebels. The Indian chief Poundmaker gave trouble for some time, but eventually surrendered on May 26. He had managed before Riel's defeat to intercept a supply column between Swift Current and Battleford, with the resultant diversion of delicacies so mournfully referred to by Dr. Bergin. Big Bear, another Indian chief, continued unsubdued until July 2. With his surrender the entire campaign was over.

Riel was taken prisoner on May 15. He was sent down on the "Northcote" to Saskatoon, where Roddick visited him on the boat and obtained his autograph in the letter reproduced below, which

was written by Riel in Roddick's little pocket diary. Its sentiments and method of expression are quite in keeping with Riel's somewhat ebullient nature. Roddick did not comment on the incident, but he made unavailing efforts to have Riel's life spared, on medical grounds.

## CHAPTER IV

### CLOSE OF THE CAMPAIGN

#### I

ARRANGEMENTS now had to be made for the evacuation of the wounded. The first party to be sent out was brought up the Saskatchewan as far as The Elbow, on the invaluable "Northcote", leaving Saskatoon on May 21. Four of the convalescents were used to help in guarding Riel, who was being taken up on the same trip. From The Elbow the men were taken in carts to Moose Jaw, where a base hospital had been established in the "Moose House". The party was in charge of Dr. C. M. Douglas, and he reported that the journey over the trail was very trying to the more severe cases, especially one with a compound fracture of the arm,<sup>1</sup> and another with an amputation. However, they all reached Moose Jaw safely. The trip of fifty miles had taken two days and five hours.

In his report Douglas suggested that as the travelling by this route was so rough, any further parties of wounded should be sent direct to Winnipeg by the Hudson's Bay Company's boats, as soon as navigation was possible on Lake Winnipeg.

<sup>1</sup>This was Trooper H. B. Perrin, of Boulton's Mounted Infantry. He only recently died in Ottawa (October 22, 1937) and his son works in the Department of National Defence.

On May 29, leaving the wounded in the entirely capable hands of Dr. Bell, Roddick started off for Moose Jaw to inspect the base hospital. His diary reads:

“Left at 5 a.m., with two spring wagons which had brought the nurses. Breakfasted 20 miles out. Arrived at Wilson’s at one p.m. and dined. Left at 3.30. Did not stop till 9, when about five miles from Elbow—camped for night.

“*May 26.* Beef tea at 5.30. Left camp at 6 a.m., reached Elbow at 8. Breakfasted. Took dinner at Big Arm. Met P.E.I. men. Reached Patterson’s at 9 p.m. Left at 12 midnight—lost on trail—came out 10 miles west of Moose Jaw.

“*May 27.* Reached Moose Jaw 5 a.m., just 48 hours from Saskatoon, quickest time on record. Put up at the Brunswick for two hours’ sleep. Hospital in good order and men none the worse.

“*May 28.* Busy all day putting things in order. Invalided 10 men. Donned my uniform for the first time.

“*May 30.* At 6 a.m. was aroused by Canniff (Dr.) who had just arrived with seven nurses, four Sisters and three others.

“*May 31.* Nothing special. Worked hard all day getting things squared up. Church parade. Did not go. Left at 9 p.m. for Qu’Appelle.”

A small hospital had been established at Qu’Appelle under Dr. O. C. Edwards. This had been used in the first days of the campaign for casualties from General Middleton’s column, but

now it only had one occupant, a Dr. James Corbet, who had developed dropsy on his way out to join Roddick, and had never recovered. Roddick now sent him back to Winnipeg and closed the hospital.

The diary continues:

*"June 1. Arrived Qu'Appelle 1 a.m. Found Edwards in bed. Retired to tent. Very comfortable."*

*"June 2. Left Qu'Appelle 1.30 a.m. Arrived Moose Jaw 6 a.m. Went to bed for two hours, then to office. Did a lot of work. Paid Hill, Dupras, Bell (dresser) and Stewart. Telephoned entire staff to Bergin. Went to Masonic Lodge—S. Warden! Entertainment in Brunswick Hall under General's and my patronage."*

On June 5, a telegram came from the Minister announcing that a Dr. Boyd, sent by Princess Louise with a medical and surgical outfit, and a large fund of money for distribution, was on his way to Winnipeg, where Roddick was expected to meet him and take him in charge; which he did. Dr. Boyd was evidently a man of considerable experience, for when Roddick showed him over the Moose Jaw hospital "he expressed himself as highly pleased with the arrangements, and compared our work most favourably with what he had already seen in recent campaigns in Servia, Zululand, etc."

On June 18, Roddick went back to Saskatoon, taking Dr. Boyd with him. The money the latter had brought was distributed amongst the wounded,

and he also provided much needed outfits of clothing.

## II

Roddick had now to prepare for the final evacuation of the wounded. He had sent some convalescents down to Moose Jaw, but there were some 18 others whom he decided to send out by water, as suggested by Douglas. Evidently there was not enough comfortable accommodation on the river steamers and Roddick therefore evolved the idea of a hospital barge. A number of barges had been built at Saskatchewan Landing for conveying men and supplies, and these were now lying at Clark's Crossing. They had originated in General Wolseley's time, when he had been sent out after the first Riel rising in 1869. Roddick enlisted the help of a Captain Thos. H. Tracy of the 7th Fusiliers, who was an engineer, and plans were drawn up for converting one of these barges to a conveyance for the wounded. Captain Tracy was very proud of his work and furnished a detailed report later on. In choosing the barge he says:

"I selected the one with the best record, and called the "Sir John A. Macdonald" (an omen of success) and with willing help from the men of the 7th, proceeded to fix it up.

"The barge was of pine about 16 x 50 feet, the bottom flat, turned up a little at the ends and two-inch plank well caulked, the sides 2-inch plank and about 2 ft. 6 in. high. About four feet at each end was decked over to strengthen the hull.

"The inside of the hull was first thoroughly cleansed out, scrubbed and whitewashed. We then put in a new floor and additional cross timbers to strengthen the bottom, the sides were double planked and a light strong frame put up to carry the covering, which added a good deal to the stiffness of the craft.

"The covering was of canvas, securely battened to the frame, with an inner ceiling to check the heat of the sun. The sides were canvas inside and outside, the frame fixed with cords to each, so that they could be tied up at any height desired in fine weather.

"The ends next the decked portions were enclosed with canvas, arranged to allow for thorough ventilation. Other little details were arranged, and, considering the materials available, the barge was very comfortable.

"The cots were arranged feet inwards, with a passage down the centre, some of the most serious cases being curtained off from the rest."

The first hospital barge in Canada arrived at Saskatoon on July 3, towed by the "Alberta", and the wounded were all transferred on board that night. Dr. James Bell, who was in charge of the party, lived on board the "Alberta", with a staff of dressers and nurses. The expedition formed a sort of convoy. General Middleton and his troops were in the steamer "Marquis". Following them came the "Alberta" with the hospital barge on one side, a double barge with a company of troops on the other, and a large plain barge in front, on which were placed two milch cows, and supplies of wood,

vegetables, etc. The trip was to be a long one, and the chances of obtaining fresh meat on the way not very good.

Roddick also telegraphed ahead to have supplies of "fresh meat, vegetables, comforts, etc." sent from Winnipeg to meet the boats at Grand Rapids.

Not much speed could be made of course, but that was of no great importance. The "Marquis" waited each night for the others to catch up with her.

The success of the barge was complete. Captain Tracy's account reads:

"Our barge behaved well during the trip. A little water leaked in, the first day, through the upper joints from the wave in front, but we soon stopped that with a little oakum which we had brought along. The weather at the Forks was disagreeable, being rainy most of the time. (There was a delay here for General Middleton and the other boats.) The barge rode smoothly and easily, being free from the jar of machinery during the day, and the never-to-be-forgotten snoring of Captain Moloney at night."

The trip took from July 4 to July 15. The milch cows did not last very long, and later on two steers were put on board to provide fresh meat. There was nothing of special note on the trip, and after two transhipments all the wounded eventually reached the Winnipeg General Hospital. The distance covered by the barge was 1,100 miles.

Dr. James Bell, who came down in charge of the party, reported that "no one was worse off of the trip, and many I believe were much better for it".

### III

Roddick then took on himself the task of picking up some wounded half-breeds whom he had heard of in the neighbourhood of Fish Creek and Batoche. Dr. Boyd was also anxious to see the battle-fields and to carry out the instructions of Princess Louise, to render assistance to friend and foe indiscriminately. Accordingly, as soon as the convoy of patients had been sent off, they started off, accompanied by a Captain Leonard, and a Mr. A. D. Stewart. At Batoche village they received a warm welcome from Batoche himself, and put up at his house for the night. Roddick's account reads:

"The following morning we visited the priest, and learned from him that the wounded in his parish, numbering in all about ten, were mostly convalescent. He asked me however to see a half-breed named Guardapuy, who had been wounded through the lung. After some trouble I found him, because he feared arrest, and on examination discovered that he had a chest filled with fluid. I did not feel justified in operating under the circumstances, but gave him a letter to the police surgeon at Prince Albert, assuring him every attention would be paid him. Dr. Boyd kindly furnished him with the means necessary to get there. I left with the priest a stock of dressings, bandages, etc., and Dr. Boyd presented him with a considerable sum of money to

be distributed among the sick and destitute in his parish."

This was the final phase of the work in the field.<sup>2</sup> Roddick returned to Saskatoon on July 6, and after settling up the accounts for local supplies, and shipping off goods of various kinds, he went down to Moose Jaw by trail, again covering the distance in 48 hours. The only note in his diary for this trip is, "killed a rabbit!" He found the hospital at Moose Jaw closed, in accordance with instructions from Ottawa, and then went on to Winnipeg. He arrived there in time to go up to Selkirk in a friend's yacht, and meet the convoy of troops and the hospital barge. He returned to Ottawa early in August and was then sent out again. He spoke of this later on in a letter to his friend, the Hon. E. D. Monk, Minister of Public Works:

"After my return in August, I was sent back to look up any wounded half-breeds that might require surgical assistance. I travelled all the way from Swift Current to Prince Albert by

<sup>2</sup>Dr. Charles W. Jeffreys, of York Mills, Ont., gives us an interesting account of a recent visit to this far-off, forgotten battlefield. He writes in the *Canadian Geographical Journal* of June, 1935:

"Today Batoche is little more than a name. Only one or two houses survive on its site; these and a couple of crumbling cellars, and, about a mile to the south, the old church and priest's house, are all that remain of Rebellion times. . . . The church bears no marks of the conflict, but in the second storey of the priest's house, a window, facing south, at the head of the stairs, still shows two panes pierced by bullet holes. These have been carefully protected by pieces of glass placed over the original panes. . . .

"Nearby is the cemetery, in a corner of which is a picketed enclosure containing ten wooden crosses which mark the common grave of the Metis who fell in the battle. Their memory is honoured by a neat stone monument. . . . All through the woods under the crest of the ridge, may still be seen the rifle pits, in pretty good condition today after fifty years. . . . I entered twenty-six of them."

trail on horse-back and buckboard, attended only by two doctors and two dressers and found several badly wounded men, usually in hiding. These I treated and sent back to the Base. I was offered an escort of Mounted Police but knowing that many of the poor ignorant half-breeds were in hiding from them; I preferred going unattended and practically unarmed."

This work he finished by August 31, and the last note in his diary reads:

*"Aug. 31. Ottawa at 7. Bergin came in at noon. Did some business. Left at 4.30 C.P.R. Home at 8. Urelia (his wife) and others at Pointe Claire."*

#### IV

The extraordinary difficulties associated with this campaign have already been mentioned, particularly the absence of an organized medical staff. Some casual references in later reports were inclined to be derogatory of the medical organization, but Roddick's record is that of a piece of work carried out steadily and efficiently. He made no undue claim for himself, but spoke in the highest terms of the work of his staff.

As can easily be seen from the extracts taken from his diary his own personal exertions were extremely heavy.

One aspect of the campaign which received comment was the unusually small amount of sickness amongst the troops. It might have been expected that as most of the men were put into the field

suddenly, and with no previous training, it would have told on their poor physical condition. The following extract from Brigade Surgeon Geo. T. Orton's report on the state of General Middleton's column when it first took the field, gives an idea of the conditions of the campaign:

"The 90th Battalion Winnipeg Rifles left the city in detachments on the 23rd March, 1885, and the three following days, as also the Winnipeg Field Battery, and assembled in camp at Troy, which place they left for Fort Qu'Appelle on the 28th March. At this time the weather was very cold, and the men suffered much from sore throat and sore eyes, caused by the keen wind and exposure. On the 6th April, the 90th, 316 strong, and the Winnipeg Field Battery, 60 strong, also French's Scouts, 30 in number, left en route for Prince Albert, and owing to the stormy weather, together with the mid-day thaw, the men had a very hard time on the line of march.

"At the outset I may just remark that most of the men composing the 90th were taken away direct from the desk and the counter, and many of them were also very young, and had received but little training, the regiment not having been long formed. A change so sudden might have been expected to produce alarming results, but I am happy to be able to report that such has not been the case, as the men, though young, were of fine physique.

"For the information and guidance of the Medical Department of the army, I have the honour to refer to several matters which may be

worth consideration, with a view to remedy or prevent a recurrence in the future of shortcomings or irregularities.

"The men of the 90th, in particular, were put into the field at a time of the year when the reading of the thermometer is not so low as midwinter readings, yet, owing to the humidity of the atmosphere, the cold is very intense and is more intensified by the winds. The clothing was not sufficiently warm, and had it not been for the heavy and continuous marching made during the cold days, the consequences would have been serious. The great coats ought to be lined with fur, leather, or some material, to prevent the wind passing through; even broad leather belts to pass round the chest answer the purpose. Buckskin gloves ought to be supplied to the men, in order to admit of the free use of the fingers in handling the rifle; moccasins ought to be supplied to all troops to wear during the night to keep the feet warm and at other times on the march.

"I would also recommend that a flannel belt be issued, about 12 inches wide and double thickness; to prevent bowel complaints; I would also suggest that each soldier be supplied with a water-bottle—the 90th suffered very much from intense thirst during the four days they were engaged, owing to this want, as there was no means of supplying the line of skirmishers with water who were out the whole day. I would also suggest the adoption of a light-coloured soft cloth or felt cap, with a peak to protect the eyes and a projection to cover the nape of the neck.

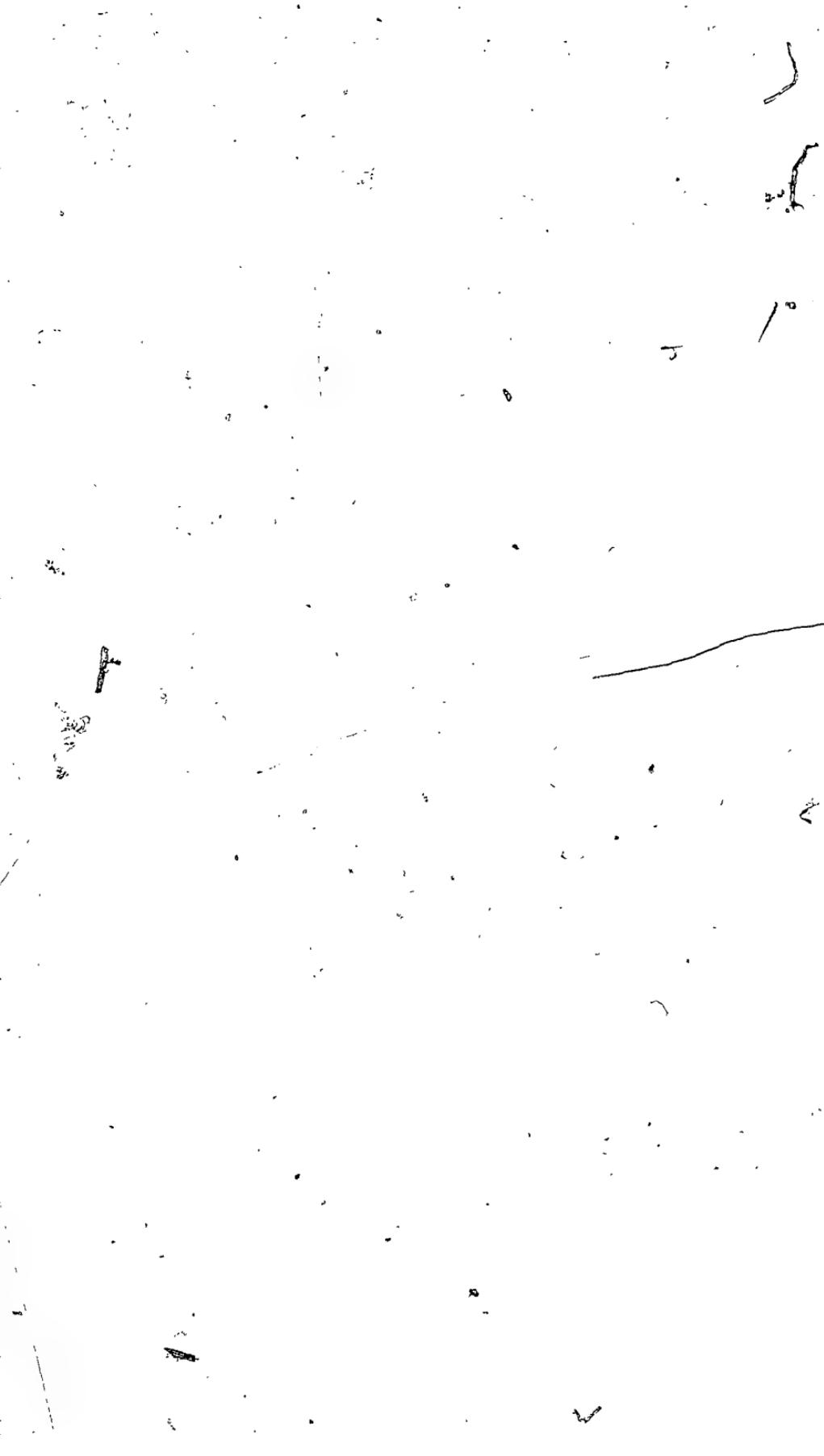
"I would also recommend an efficient and responsible person, whose duty it would be to

see that the men made the best use of their rations, so as to obtain from them the most nourishment possible on the march and not cook them in a way that is hurtful to digestion and waste in various ways. Also to see that the early morning meal is ample and hot and time to take it before the march out. This is most important, as all our engagements were fought under this meal. I think oatmeal would be a cheap and excellent addition to the rations."

The comparative freedom from sickness was ascribed in some quarters to "the tonic and strengthening properties of the north-west country".

These "tonic properties", however, must have had a heroic quality about them when we read of the severe weather conditions which were encountered even late in April. When Roddick reached Swift Current on April 16, "the ground was covered with snow, and the thermometer several degrees below freezing". Several men were treated for the effects of cold and exposure, and at least one developed double pneumonia. One account (Castell Hopkins) states that earlier in April the men's clothing became frozen, and boots were frozen to the stirrups.

Fortunately, it may be added, most of the fighting was over before the warm weather set in, when flies would have been on the scene, with the almost certain production of typhoid. The discomforts of the cold were probably the better of the two alternatives. It is true that General Middleton





Group at the Moose Jaw Hospital. Roddick is seen standing with his hand on his hip, and his helmet in his hand.



Roddick's house at 80 Union Avenue.

spoke of the mosquitoes being "terrible" in early June, but the main fighting was over by then.

Criticism was made of the lack of fresh meat for the troops. Apparently "canned corn beef from Chicago" (it had not yet been christened "bully beef") was the staple diet for weeks on end. An editorial in the *Canada Medical & Surgical Journal* said that there was probably more grumbling over the canned beef than over any other matter connected with the whole conduct of the war. Why, it was asked, were not cattle for supplies driven behind the columns? This had been suggested but had not been approved.

Another suggestion, from Roddick, was for "important alterations in the ration list of the Field Force, such as a more liberal supply of fresh meat and compressed vegetables, and the substitution of oatmeal and molasses for a portion of the hard tack ration".

It was hardly likely that the troops would fail to make their own frank comments on the monotony of the food. The Winnipeg Rifles,<sup>2</sup> who carry the battle honours of Fish Creek, Batoche and North West Canada, 1885, to this day have as their regimental march "Pork and Beans and Hard Tack" to the tune of "Solomon Levi". There were probably other versions, although perhaps not quite so presentable. One which may be mentioned, however, was a ditty composed by the Presbyterian Chaplain of the force, the Rev. D. M. Gordon, for

<sup>2</sup>The Winnipeg Rifles served in the Great War as the 8th Battalion, one of their number being Paul Riel, a cousin of Louis Riel.

the 90th Rifles, entitled "Hard Tack Come Again no More". The last verse ran as follows:

"So farewell hardy comrade at Fish Creek, Batoche, Fort Pitt,  
By Saskatchewan's familiar muddy shore,  
We've met too often now my friends, begone,  
vamose, and git;  
Oh! hard tack, come again no more."

On the other hand, Major Boulton says in his account of the campaign,<sup>4</sup>

"I might here state that all the arrangements for conducting the campaign were excellent. The troops were never without the most liberal rations, and all of good quality. The transport was excellent, did its work well, and with the exception of the two days at Clarke's Crossing, never failed to bring up the most liberal supplies of forage and rations."

Of course this is in keeping with the recognized fact that no one man ever sees everything in a campaign. A little later Major Boulton describes an incident which might well account for his praise of the transport. In speaking of the advance on Batoche, he says of his column:

"On the morning of the 9th of May the camp was astir before daybreak, making preparations for the important day before us. We were ready to march punctually at six o'clock and as we were assembling for parade a box of cigars which had come by that morning's mail was handed to

<sup>4</sup>*Reminiscence of the North-west Rebellions*, by Major Boulton. Toronto, 1886, p. 249.

me as a present from Messrs. Davis & Sons of Montreal, who for the comfort of the troops generously sent up 10,000 cigars to our column. By this thoughtful act I was able to serve out a cigar to each man, and we marched off amidst great good humour and lots of chaff."

Roddick left no written impression of the campaign other than his official report. But Dr. H. H. Chown of Winnipeg, who met him on his return in 1885, writes:<sup>5</sup>

"His one medical topic then was the wonderful results they had secured in their operations after the battles: 'Hopeless cases recovered. Dead men were brought to life'. Compared to the results which they had been accustomed to secure in the Montreal General Hospital in similar cases they were amazing, and he could not stop reporting. Looking back now, this was evidently due to the aseptic atmosphere of the tent hospital. There were no germs there, while the Montreal General Hospital was saturated with them."

Roddick used often to refer to this freedom from infection.

<sup>5</sup>Personal communication.

## CHAPTER V

### THE RODDICK BILL

#### I

FOR about ten years after his return from the Riel campaign Roddick's energies were practically all taken up with his teaching and surgical practice. At no time in his later years was he so completely absorbed in his professional work. But he was also taking an active part in general medical affairs in the Montreal Medico-Chirurgical Society, at which he was a most regular attendant, and in the Canadian Medical Association.

He was also intimate with outstanding men of his day, Sir Donald A. Smith, Sir George Stephen, Sir Charles Tupper, and many others. This brought him into close contact with political affairs and had an unmistakeable influence on his future career, although at the time he had no intention of entering politics.

It was in 1894 that his name first appears in association with the object which was to occupy him so deeply, namely, uniform medical registration in Canada. Before dealing with his work in this respect, however, it will be necessary to set forth the main events which led up to the situation as he found it. Only thus can the importance and quality of his achievement be properly appraised.

The history of Canadian medicine shows, as does that of medicine in other civilized countries, a long struggle for the legislative regulation of medical practice. Until this was achieved there could be no hope of developing and maintaining uniformly high medical standards. One has to read accounts of the unlicensed practice of medicine in the early years of last century to realize how intolerably bad conditions were. The wonder is that they were corrected so successfully, for there were comparatively few men who made any efforts to improve matters.

The situation in Canada was all the more difficult because of the size of the country and the unevenness of its growth. The Province of Quebec naturally was the first to begin its struggle to improve conditions of medical practice. It was the oldest province, and in it was concentrated at first the only medical training in Canada. By the time Quebec had managed to evolve a provincial College of Physicians and Surgeons, Ontario was just passing out of the pioneering stage of its development, and its problem was worked out a little later, under different conditions and with slightly different methods. It was later still that the eastern provinces obtained legislation for controlling medical registration.

The result of this patchy growth was that when Confederation was brought about each province came in with its own system of registration. The standards of medical requirements varied considerably, however, and there was therefore no

uniformity in medical training throughout the Dominion.

All this was bad enough, but it also became evident that each province had a very jealous solicitude for its own methods of handling its medical affairs. This is hardly to be wondered at when it is recalled with what bitter struggles some of the provinces had obtained this particular legislation. In more than one instance claims had been made on the legislative bodies by unqualified practitioners of various cults, for similar recognition, and the defeat of such requests had always been difficult and attended with dangerous political possibilities.

Still, whatever the cause, the fact remained that so far as medical practice was concerned each province guarded its borders very strictly and would allow no medical work to be done within its borders except by those registered therein. In other words, a doctor had to register for each separate province in which he might wish to practise, and that was a tedious and expensive affair. It particularly affected those who lived close to the borders of adjoining provinces and in these districts fines were not infrequently imposed for infraction of the registration laws.

With the consummation of Confederation in 1867 it seemed at first as if the opportunity had arrived for correcting this aspect of provincialism. The Canadian Medical Association, a national body, had been founded in the same year, and one of its first acts was to appoint committees on

medical education and registration. Their recommendations were that the Association should take the necessary steps to present to the Dominion legislature a bill, to be called the "Medical Act of the Dominion of Canada", by which there would be created a central council of medical education for the registration of all licensed practitioners in Canada.

This report was received and adopted by the Association, but it was soon found that the passage of such an Act by the Dominion legislature would be extremely difficult, if not impossible. The essential difficulty was that by the terms of the British North America Act all education had been left in the hands of the provinces:

"SECT. 93. In and for each Province the legislature may exclusively make laws in relation to education. . . ."

It was suggested by some that this had not been intended to include *professional* education. Actually, however, this had been the intention, and in any case it was quite evident that the provinces were firmly resolved that it should be so included.

The full realization of this impediment did not come to the Association at once. For five years it made repeated attempts to shape a bill on medical registration, for presentation to the Federal house. Throughout this period the most striking figure was undoubtedly Dr. R. P. Howard, of Montreal, whose patient efforts to bring about an acceptable measure never faltered. But in 1872 the Associa-

tion, which was still in its infancy, began to show signs of impatience. It was said that the Bill was taking too much time, and was tending to exclude scientific discussions. Dr. LeBaron Botsford, for instance, put forward a motion to the effect "That it was inexpedient to occupy the Association's time with a discussion on the Medical Bill".

Dr. Howard therefore made one last desperate attempt to get agreement on a measure which had finally been worked out in committee, but before he had gone far in explaining the Bill (which in itself was well conceived and carefully planned) it became painfully evident that he would never gain his point. Not only was the attendance at the meeting too small for effective deliberation, but the really insuperable obstacle now took definite shape. Dr. J. P. Rottot, speaking for a large number of practitioners in the Province of Quebec, declared that he could not accept the principle of a Bill which would ultimately take the control of medical registration from the provinces and place it under the jurisdiction of the Federal Government.

No one was more genuinely desirous of uniform standards in medicine than was Dr. Rottot, and his opposition was expressed in a temperate and dignified manner, but his refusal to sanction such a forfeiture of provincial rights was absolute. Even Dr. Howard saw that he himself as a representative of the Province of Quebec, was in an invidious position in supporting a bill which was so evidently unacceptable to many of his fellow practitioners.

The Bill was therefore withdrawn, to Dr. Howard's unconcealed sorrow, but it was decided to retain the committee in charge of it and bring it up again for consideration two years later. But when the two years had elapsed the enthusiasm had died away. The only reference to it then was made by Dr. Wm. Marsden, in his presidential address to the Association in 1874. Dr. Marsden had been a very earnest advocate of uniformity in medical qualifications, but he confessed that now even he could see no way out of the difficulty. He showed that in Quebec and Ontario the existing acts were fairly satisfactory. But "Nova Scotia and New Brunswick, which are younger in medical science and literature, and hitherto have been almost without medical schools, are not so well advanced in the medical sciences as the older provinces of the Dominion, and are not ready to enter upon the same platform as their older brethren".

In any case, he added, it was doubtful if Parliament *could* pass a medical Act for the whole Dominion unless or until concerted action had been taken by the local legislatures. His advice was to agitate the subject separately in the provinces, and so gradually form a body of opinion for a higher standard. In his final warning he sounded the note of distrust of further legislation which was in the minds of many of his audience:

"Let us carefully avoid (he said) all medical legislative action for the present, for to my mind no greater blunder can be committed in this

democratic age than seeking medical legislation, as the sympathies of legislators generally, and especially the unscientific who compose the majority, are in favour of quackery and free trade in medicine."

There then was the situation: an urgent need for co-operative action, but a strong fear of losing provincial rights. Later on, Roddick said that during these negotiations of the Association he thought some of the provinces were sharply antagonized by injudicious attempts to expunge the provincial medical boards and give a preponderating influence to the universities.

## II

Although the matter was frequently referred to at later Association meetings, it was not again taken in hand definitely until 1894. During this interval, attempts were made to solve the problem by means of interprovincial registration. This meant that the provinces would have an understanding amongst themselves whereby the license of one would be recognized in another. The plans for this went on fairly well until the Ontario Medical Council began to insist that before anything of that kind could be arranged it would be necessary to have a central examining board established in each province. Ontario had such a board, whilst Quebec had never had one. An attempt was made to introduce this central board in Quebec, and a Bill for its establishment was actually

brought before the Quebec legislature. But it was strongly opposed by the three universities of the province, McGill, Laval, and Bishop's. Their representatives said that according to their charters, the diplomas of these three universities were accepted by the licensing body of Quebec as sufficient to allow the holder to practise medicine in that province, and therefore any such central examining board would infringe on their rights.

This effectively broke up interprovincial reciprocity. It was at best, however, only a compromise, and one that would be liable to break down. Also, it would not permit of reciprocity with Great Britain. Certain provinces, i.e., Quebec, Prince Edward Island, and Nova Scotia, did obtain a measure of reciprocity with Great Britain, whereby their qualifications were registrable there, and practitioners registered in Great Britain were free to practise in these provinces. But on the whole the situation remained unchanged.

In 1894, however, the subject was revived at the annual meeting of the Canadian Medical Association, in Saint John, N.B. It was now proposed that a bill should be passed by each provincial legislature, securing a uniform standard of medical education and registration in all the provinces, and a committee was set up to further this end, with Roddick as chairman. It was the beginning of his long task.

The initial steps were taken with considerable deliberation. In the first year the committee recommended

"that the secretary (of the Association) be requested to communicate with the various provincial councils, asking them to discuss the question, and if possible appoint one or more delegates to a Dominion committee for the purpose of adjusting a suitable curriculum, and that such committee forward their findings to each provincial council."

Next year the committee made certain suggestions regarding matriculation, professional education and examinations, and its report was sent to every member of every medical council, and to members of the faculties of all the Canadian medical schools.

In the following year the committee's report was temporarily held up. Some members of the committee who were also members of one of the provincial medical councils, "refused to discuss the question with the other members, feeling that their feelings had been outraged by some remarks that had been made at the full meeting of the Association". However trifling that may now seem, it was the kind of unexpected check which threatened to wreck the plan. But under Roddick's guidance the committee was able to produce a full report at the next meeting (1898), and this time an astonishing degree of co-operation was attained, astonishing when the failure of previous attempts is remembered. The report laid down matriculation requirements, details of professional education, and standards of examinations. It then recommended that

"as soon as the various councils of the Dominion shall establish an Examining Board for the Dominion, conducted by examiners appointed by the Medical Councils of the several provinces, their candidates passing a successful examination before the said Board and obtaining a certificate to that effect, shall be entitled to registration in the several provinces of the Dominion on payment of the registration fee."

It was further recommended that efforts should be made

"to ascertain the practicability of Federal legislation leading to the establishment of a central qualification which will place the profession in Canada upon an equal footing with that of Great Britain, and Dr. Roddick (now M.P.) be authorized to take the necessary steps in said matter."

This work of the Association's committee showed a most encouraging degree of provincial agreement on the broad outlines of the bill for Dominion registration. Many details required to be filled in, but Roddick steadily refused to be drawn into a discussion of these until the principles were thoroughly well laid down.

All this, however, was decided on within the limits of the Medical Association only. The original legislative difficulty still remained. On the one hand, the Dominion Parliament was unable to infringe upon provincial jurisdiction, and on the other, the provincial legislatures could not unite in creating a central or federal board, because their

powers in each instance were confined to their own territory.

Under the existing conditions, the situation seemed to be an impasse. Unless the B.N.A. Act was altered to meet the case—and that was never contemplated—the only hope of solving the problem lay in developing a spirit of conciliation amongst the provinces in the hope of their accepting some reasonable common plan. It was Roddick's purpose to foster such a spirit and to devise such a plan.

### III

At this stage of affairs Roddick had his seat in the Dominion Parliament, and from now on the Association very naturally and willingly left the matter in his hands, although steadily continuing to support him.

It might seem as if he delayed the introduction of his measure into Parliament for rather a long time. He was elected in 1896, but did not bring forward his Bill until 1901. But this was through no fault of his. He had been induced to run for a seat in Parliament when his party was in power, but unfortunately for him it was the year of the political landslide which engulfed the Conservatives, Roddick being one of the few who was returned. It was a severe blow to his prospects for getting his registration bill through. Had his party been returned he would have received a cabinet post, as that had been promised him, and in that case he

could have brought forward his bill at once and with better prospects.

As it was, Roddick found himself in the Opposition, with a Premier (Laurier) who could not be expected, from a political point of view, to be greatly interested in a measure such as Roddick had to bring forward. Consequently, it was five years before the Bill was proposed.

In the meanwhile, however, he was influencing medical judgment on it throughout the Dominion.

In addition to his work on the Association committee, he travelled frequently to various parts of the Dominion, and addressed numerous medical groups and organizations. In 1899 he went from coast to coast on a trip with his friend Sir William Van Horne, who was then president of the Canadian Pacific Railway, and made a point of meeting several of these groups. On each occasion he brought forward his scheme for a central registration body, always pointing out that it would be necessary for each province to help by bringing in special legislation.

In 1901 he felt that the foundations had been well and truly laid, and on March 13 of that year he was able to bring forward his bill for its first reading in the House.

Beginning with a short account of the events leading up to the proposed measure, he went on:

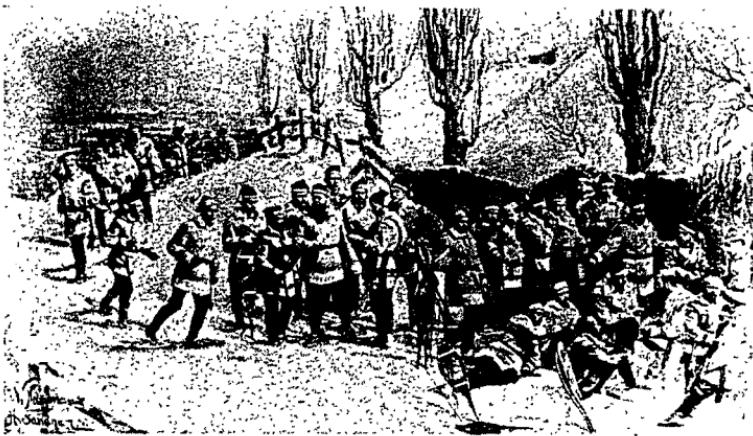
"With this commission from the Canadian Medical Association I began to look about for a scheme. I consulted the law officers of the

Crown, the parliamentary law officers and other legal friends, with a view to getting as much information as possible. I found that there were only two ways in which this parliament could interfere in this matter to gain what we sought. One was to bring about an amendment to the British North America Act. That you know, Sir, is a large and heavy contract, and probably would never come to anything.

"Then I found—or rather these legal friends found for me—another way out of the difficulty. Under section 91 of the British North America Act, the Dominion parliament has power to make laws 'for the peace, order and good government of Canada in relation to all matters not coming within the classes of subjects by this Act assigned exclusively to the legislature of the provinces.'

"Under this section, the Canada Temperance Act and the Adulterations Act have been worked out since confederation. And I think you will agree with me, Sir, when I can prove, as can easily be done, that a medical man cannot cross a river such as the Ottawa, without running the risk of being fined and perhaps, imprisoned, while attempting to save the lives of citizens of Canada, that the peace, order and good government of Canada are violated.

"In order to bring about the change we desire, it will be necessary, of course, to get the co-operation of all the provinces. It would be a mistake, in fact, it would be suicidal, to attempt anything without that co-operation. The autonomy of the provinces must not be disturbed in any way, nor need it be disturbed if the method that I shall propose be pursued. It will



The Terra Nova Snowshoe Club. Roddick is in the centre with his hand on his hip.



Sir Thomas and Lady Roddick in the little sleigh he always used.



be necessary, either before or after the passage of the Bill in this House, for the medical board in each province of Canada to have an amendment made in the Medical Act of the province to the effect that, after the establishment of a Dominion medical council and a Dominion examining board, anyone having the qualification which that council and that examining board will give him may go to any province in Canada and ask for admission to practise medicine in that province.

"Each medical board will require to have a short enactment tacked on to the present Act in order that this may be carried out. Whether we have a permissive Bill here, a Bill which will anticipate or precede the local enactment, or whether it shall succeed it, I think it is a matter of very little consequence. There is one advantage in having it precede the local enactment, namely, that it hurries up the local boards and the local parliaments in making their enactment. But, of course, it is a disadvantage in that it appears to be forcing the hands of the provinces, which I should be very sorry indeed to do."

It was in this temperate spirit that Roddick took up the question. He was willing to go to any extreme, short of giving up the Bill, to avoid trespassing on the autonomy of any province. He continued:

"Probably it does not occur to you, Mr. Speaker, or to other members of this house, that it would be quite competent for this parliament to establish a Dominion medical board independently of the provinces. It would be quite

competent for the Minister of Militia and Defence to insist that every militia officer under the control of the Dominion government shall be examined before a Dominion examining board; (or) for the Solicitor General or the Minister of Justice to insist that every penitentiary surgeon shall pass an examination before a Dominion board; it would be quite correct for the Minister of the Interior to insist that his mounted police, those under his control, shall have a Dominion qualification. . . . Therefore, Sir, I think it is within the power of this parliament to establish a Dominion examining board, and to pass a Dominion Act of this character.

"But, of course, men having such a qualification would on the strength of it alone, have no right to practise in the various provinces, where provincial rights exist, and on that account it would be too contracted in character, and I should not advise that anything of the kind be done."

The details of the composition of the proposed Medical Council need not be gone into here. In brief, Roddick's proposal was to form a Dominion Medical Council which would be composed of medical practitioners chosen from each province. The principal function of this council would be to register all persons complying with certain requirements as to education and training for the practice of medicine and surgery. The qualifications demanded by the Dominion registration would always have to be at least equal to those required for registration under the existing law of any province;

in other words, the preliminary education, the professional curriculum, and the final examination would be fixed by the Dominion Council at a level as high or higher than that of any province. The original Bill was altered considerably from time to time, but the fundamental idea of a central body was always retained. There in brief, then, was the substance of the "Roddick Bill" as at first conceived. Both as it was at first, and as it came into being later on, it could be seen to be not only a desirable piece of legislation, but one which most scrupulously respected the rights of the provinces.

It may be of interest to quote further from Roddick's speech regarding the advantages of the Bill.

"Now to sum up the advantages of the Bill. I maintain, Mr. Speaker, that we may expect from it a higher standard of medical education, and from the fact of having five years to study we may hope to get a better class of medical men than under the four years' course. One great point to be remembered in connection with this measure is, that it is bound to break down the barriers which at present exist between the various provinces. . . . I know a doctor living at River Beaudette, who has been fined three times already for crossing the imaginary line into the Province of Ontario to attend to his patients. That man cannot go out at night without walking into the Province of Ontario; his patients are in the Province of Ontario, and within sight of his own house, and yet it is practically impossible for him to avoid the operation of this existing law. It is the same way between Hull

and Ottawa here. If you, Mr. Speaker, lived in the city of Hull, and for some personal or business reasons were obliged to come to the city of Ottawa and to bring your family with you, it would be impossible for you to have your own medical man to follow you, unless he had a license to practice in the Province of Ontario. That is unquestionably a very great hardship.

"Someone may ask me: why does he not get a license in the Province of Ontario? The answer is: that it may have been impossible for him to do so. If a student begins to study medicine in one province by complying with the provincial enactment in reference to matriculation there only, he may be debarred for ever from getting into another province, so absurd are the regulations today.

"These barriers exist in no other country under the sun, and it is the object of this Bill to break them down. It is a fact, Mr. Speaker, that between the unfriendly countries of France and Germany (and you know they are not very fond of each other) they have a neutral zone of fifteen miles on the frontier especially arranged for medical men to pass the sentries in the discharge of their professional duties. . . . When you think how cosmopolitan medicine is—that a broken leg is a broken leg in Canada as in Russia and Siberia, and that pneumonia is treated on exactly the same principles here as elsewhere, it does seem hard that some more satisfactory arrangement cannot be made for our profession. I can understand that in law where you have the Code Napoleon in the Province of Quebec and the English civil law in the other provinces, it might be difficult, though not impossible, to

have interprovincial reciprocity in that profession; but such difficulties do not exist with the practice of medicine."

#### IV

Roddick's Bill was given its first reading on March 13, 1901, and on this occasion there was no discussion. By the time of the second reading, however, Roddick realized that it was going to meet with opposition, and he therefore proposed to have it referred to a special committee for further study. Sir Wilfrid Laurier, the Prime Minister, at first was inclined to oppose it. He questioned whether the Bill came within the purview of Parliament at all, and said that he had received protests against it from some of his constituents. However, he finally agreed to its being referred to a committee. An objection to the composition of this committee was made by L. P. Demers, of St. John and Iberville, who thought that there were too many medical men on it. He suggested that some lawyers might be added. Laurier replied, "Should there not be a sufficient number of lawyers on the committee to kill the bill, then the names of a few lawyers might be added."

When the Bill was again brought before the House, however, Laurier admitted that although he had been opposed to it at first, it was only because he did not thoroughly understand it. Now that he saw that it contained a clause which left the medical profession in any province free not to be-

come part of this proposed corporation, he felt that much of the objection to the Bill had been removed. At the same time he was in no hurry to have it passed. He felt that it should be studied further by the profession in each province, as he knew that there were some in Quebec who were still opposed to it.

Roddick cheerfully acquiesced in this. He felt that he had the majority of the profession with him, even in Quebec, but it would be unsafe to risk having the Bill thrown out by opposition that might develop at the last moment. Copies of the Bill were therefore distributed to members of the profession in each province.

All this took a great deal of time, and it was May, 1902, before Roddick was able to bring forward his Bill again. He was getting a little anxious now, as the session was nearly over, and there was barely time for the third reading and the passage through the Senate. Evidently he had some difficulty in getting Laurier to give him a hearing, which prompted a newspaper reporter to write that "he was having a good deal of trouble in getting the Government to give him an opportunity to bring up his Medical Council Bill", adding, "You seldom meet a man who really likes doctors' bills."

However, when the Bill was finally taken up again it met with no serious opposition in the House. Laurier admitted that it was legal and justifiable, and moreover, he said that he saw in it capacities for increasing reciprocal relations be-

tween the provinces, which he strongly favoured. The Bill passed its third reading at this session and was entered on the Revised Statutes, 1906, Chap. 137, as "An Act to provide for the establishment of a medical Council in Canada". Its short title was "The Canada Medical Act".

Now came the real struggle. As originally agreed on, the Bill could not go into effect until its terms had been accepted by all the provinces, and until legislation had been passed by each one to allow of its operation. It cost Roddick nine years more of incessant labour before this unanimity of action was attained. A good deal of the moulding of opinion was done by discussion in the Canadian Medical Association, but valuable as this was it did not influence legislators very strongly. It was necessary for Roddick to explain his aims to the provinces individually, and his persuasive powers were tested to the uttermost in doing this. He appeared before local legislatures and provincial medical councils from one end of the Dominion to the other, and his direct personal advocacy was of incalculable influence.

Some of the provinces passed the enabling legislation quite soon: these were Manitoba, Nova Scotia, New Brunswick, Prince Edward Island, and (as then constituted) the North West Territories. Roddick was under no delusion as to what he was to expect from Quebec, as he knew that they felt that their provincial rights were being undermined by the Bill. But he had not expected that Ontario

would give any trouble. This did not take the form of active opposition, but, what was perhaps just as bad, a rather curious form of inaction. Actually, the Ontario Medical Council endorsed and accepted the Bill as soon as it passed in the Dominion House. They were frankly enthusiastic about it, and appointed a committee to seek the adoption of Roddick's proposals by the Ontario provincial legislature. There were elements in the local provincial medical association, however, which at first were opposed to the Bill. Consequently, no one seemed to want to take the lead in bringing in the necessary provincial legislation. In 1905 a deputation of representatives from four medical schools, Toronto, Queen's, McGill, and Western, waited on Dr. Robert Pyne, Minister of Education for Ontario, begging him to bring forward such legislation. Even in 1908 Roddick said in speaking before a Toronto meeting, that he was disappointed with the inaction of the Ontario Medical Council. The feeling throughout the Province seemed to be in favour of Dominion registration, but still there was no move made in the local legislature.

In British Columbia there was a similar delay in bringing in the enabling legislation, but there was open opposition at first, in the local legislature, which had to be conciliated.

In the Quebec legislature the enabling bill was brought in early, but was steadily opposed by the majority of members on the ground of infringement of provincial rights. Some form of reciprocity with

the other provinces they were willing to discuss, but a central corporation was suspect. In vain Roddick reminded them that interprovincial reciprocity was not only insufficient, but that it had already been proved impossible of accomplishment.

Once, at a later meeting of the Canadian Medical Association, it was suggested that when five or more provinces agreed to accept the terms of the Bill, a plan of registration for these provinces might be established. The Quebec members, however, objected that this in fact would be coercion by a threat of isolation, and the suggestion was dropped.

But the discussion which took place at this particular meeting of the Canadian Medical Association (Winnipeg, 1909) was productive of this much good, that it enabled Roddick to get together a large and influential committee representative of the various provinces. This committee met in Montreal in November, 1909. At first it did not seem as if the necessary provincial unanimity would be attainable. After prolonged discussion, however, it was found possible to come closer together than had been anticipated, and a series of amendments was drafted to satisfy the objecting provinces.

These amendments had reference chiefly to the subjects of preliminary education, to the scheme of representation on the proposed council, and to the so-called retroactive clause. It was originally intended that the Dominion Council should take

some cognizance of preliminary education. It was now proposed to leave that subject entirely to the provinces, whose councils, or whose representatives on the Dominion Council, would satisfy themselves that the matriculation passed by candidates for the Dominion license was of a sufficiently high standard. This was a most important concession, but it was felt that the arrangement would work out satisfactorily.

The scheme of representation, which originally was based on census returns, was now to give two representatives on the Dominion Council, to each of the provinces, and on account of their greater size, one additional to Ontario and Quebec. The universities, as originally proposed, were to have one representative each; and the Governor-General-in-Council was to appoint three members, each of whom was to reside in a different province. In addition, there were to be three members elected by such practitioners in Canada as by the laws of the province wherein they practised were recognized as forming a particular and distinct school of the practice of medicine.

As to the retroactive clause, the original draft read that when a properly qualified person had been engaged for six years in the active practice of medicine in one or more of the provinces, he should be entitled to be registered under this Act as a medical practitioner, without examination. The amendment, however, extended the period to ten years; but further provided that if the Council in

any province was not satisfied with the period of years thus prescribed, it could exact an examination in final subjects from the practitioners seeking registration in that province.

It was carefully pointed out that it was not the intention of the Act to disturb the *status quo*, so far as the provincial boards were concerned. These were to remain practically unchanged. They were still to satisfy themselves by examination or otherwise, regarding the qualifications of candidates seeking a license to practise in one of the provinces only. Besides, there was nothing in the Dominion Act to regulate taxation and the discipline of the profession generally, so that for these purposes also the provincial Councils would have to continue in existence.

These amendments were then printed and sent out to the provinces for formal approval.

This conference really marked a final stage in the long drawn-out struggle to harmonize the views of the nine provinces, and it was now confidently hoped that it might be possible to submit to the Federal House that winter (1909-10) an amended Bill acceptable to all. Late on in the session, however, British Columbia wired asking for time to submit the amended Bill to the entire profession of the province. This left no time for parliamentary action, and to Roddick's great disappointment another year had to elapse before the Bill could be brought in. This last-minute check was extremely disheartening, and Roddick was wont to refer to it

as the one that tried his patience more severely than any other.

However, his magnificent patience at last had its reward. On January 23, 1911, the amended Bill was offered in the House of Commons by Dr. J. B. Black, M.P. for Hants, at the request of Dr. Roddick, who was no longer in Parliament.<sup>1</sup> Dr. Black's duty was more or less perfunctory, as the ground had all been thoroughly prepared. In moving the amendment he said:

"I do not anticipate any opposition to this Bill at all. These amendments have been submitted to the medical councils and associations of every province, and have been approved by them all. These associations and councils represent between six and seven thousand medical men in the Dominion. When this Bill was introduced in 1902 it met with a good deal of opposition, but all that opposition has passed away, and from Vancouver to Halifax, as far as the profession is concerned, they are in favour of it."

On May 19, 1911, the Act was finally assented to in the Dominion Parliament, being entitled an "Act to Amend the Canada Medical Act." But it did not come into force until April, 1912, after the necessary provincial legislation was completed by the passage in Ontario of its enabling measure. The Act provided for a "Medical Council in Canada", and this therefore is to be regarded as the official name of what is popularly known as the "Dominion Medical Council." The diploma of this

<sup>1</sup>Dr. Black had introduced it for the first reading on November 28, 1910.

Council gave the right to practise throughout the Dominion and of admission to the British Register, and rendered the holder eligible for the medical services of the Army and Navy.

The first organizing meeting of the Council was held in Ottawa in November, 1912, and Roddick was elected as its first president. He was also the first to receive a diploma from it.

## V

The full extent of this accomplishment can only be realized by an understanding of its peculiarly baffling circumstances. It was essentially a co-operative movement, but no one individual effort could be compared with Roddick's part in it. Dr. R. P. Howard perhaps did more than anyone else in his day, but he was ahead of his time. Roddick would probably have failed at the same stage, for the same reasons, but by the time he did take up the matter the provincial outlook had widened. Even then, however, the difficulties seemed to be insuperable.

Sir Charles Tupper, who was partly responsible in persuading Roddick to enter Parliament, told him that he would never succeed with his Bill. Tupper not only had a very long parliamentary experience, but he had also been president of the Canadian Medical Association during the first three years of its existence, when the abortive attempt at Dominion registration was made, and he knew what he was talking about. But he did not quite know Roddick.

Dr. R. W. Powell, the first registrar of the Council, who had been deeply interested in the progress of the Roddick Bill, paid him the following tribute:<sup>2</sup>

"I must now digress for a moment to say that at a most opportune and auspicious moment a patriot and a prophet arose in our country, and to him was given a roving commission by the Canadian Medical Association to inaugurate a scheme for the establishment of a Medical Council for Canada. I refer, of course, to Dr. T. G. Roddick, of Montreal, late Dean of the Faculty of Medicine of McGill. To say that Dr. Roddick threw his whole soul into this work would but feebly express my thoughts and his untiring services. He devoted his time and his money, as well as his energy, to it and in 1896 actually sought and obtained a seat in Parliament in order to be in a still stronger position to forward his measure. Could human devotion and enterprise go further than this? It necessitated hard work, much patience and diligence, as well as a refined diplomacy of a high order. Unbounded pluck and perseverance came to his assistance. He travelled the length and breadth of Canada on three separate occasions, met all the Provincial Councils, sympathized with them, argued with them, persuaded them to rise above provincialism, and while all this was going on he never lost an opportunity of bringing his scheme to the notice of the profession at large. It is gratifying to us all to know that his work has been appreciated and that on its consum-

<sup>2</sup>From an address before the Tenth Annual Conference of the Council on Medical Education, Chicago, February 24, 1914.

mation in November, 1912, he was unanimously elected the first president of the Medical Council of Canada by acclamation."

Mr. R. S. White, M.P., writes:

"He had a wide circle of friends and enjoyed great popularity. He was held in high esteem in the House of Commons, and I doubt whether any other man in Canada than he could have put through Parliament the Bill setting up the Dominion Medical Council."

Roddick received many letters, some from those outside of Canada, who had been watching his prolonged efforts with interest and sympathy. Amongst these may be mentioned the following from Dr. A. Jacobi, of paediatric fame in New York.

"Dear Dr. Roddick:

"I hate to be officious, but when a great service has been rendered to the profession, I maintain the right, beside my acknowledgment of the difficulties overcome, to express my thanks as part of the gratitude the world owes you.

"Your unification of your native country, if nothing else, must carry your name to posterity. . . . What the future will bring to us, it seems you have by statesmanship and perseverance accomplished for your eight provinces.

"I merely want to express my appreciation and personal gratitude.

"Very sincerely yours

"A. Jacobi."

"June 27, 1912."

At the meeting of the Canadian Medical Association in June 1912, in Edmonton, there was a spontaneous and unanimous demonstration by the assembly of their desire to do something which would express their appreciation of Roddick's long labour. This expression took the form of conferring on him, by a standing vote, and amidst great enthusiasm, the highest honour within the power of the Association: he was elected Honorary President of the Association for life.





Sir Thomas and Lady Roddick on the boardwalk at Atlantic City.

## CHAPTER VI

### GENERAL ACTIVITIES AND INTERESTS

#### I

THE foregoing chapters have dealt with the best known achievements of Sir Thomas Roddick. It now remains to make some reference to his other work and interests.

From 1890 to 1910 he was one of the outstanding figures in the medical world of Montreal. His influence was strong in university matters, and he was also prominent in hospital development. The city was rapidly expanding, with the result that it needed more hospital accommodation. The first important development in this respect was the endowment and building of the Royal Victoria Hospital by Sir George Stephen and Sir Donald Smith, afterwards Lord Strathcona. The act of incorporation for the hospital was passed by the Dominion legislature in 1887, but the formal opening did not take place until December, 1893.

Roddick was appointed as its first Surgeon-in-Chief. He had been entrusted with the organization of the surgical department of the hospital, and had visited the chief European centres in order to see the latest equipment and methods. He brought with him from the General Hospital, as his first assistant, Dr. James Bell, whose brilliant surgical

powers he had long recognized. It was on Bell that Roddick had placed the heaviest responsibilities during the Riel campaign, and since then the two men had been in close association with each other. Roddick left most of the surgical work at the Royal Victoria to Bell, and after one year as Chief Surgeon he retired to the consulting staff. He became chairman of the medical board of the hospital in 1905, in succession to Dr. Craik.

In December, 1901, he was appointed Dean of the Medical Faculty of McGill, again succeeding Dr. Craik. He threw himself into this work with his characteristic energy; it had a special appeal to him because it brought him into close touch with the students. In a letter (September 15, 1902) to Miss Amy Redpath (his future wife) he says:

“The Faculty Register opened this morning, and before one o’clock some 96 students were entered—an exceptionally large number for the first day. I have practically spent the day up there overlooking the matriculation papers of the first year men and directing things generally. The new registrar is Dr. von Eberts; you may know him as the late superintendent of the Montreal General Hospital. I intend, however, to devote two or three hours a day to the work. I shall take entire control of the students myself.”

As Dean, Roddick found full scope for his administrative powers. The position involved the responsibility of a rapidly expanding Faculty, which, at the time of his assuming the deanship,

was largely independent of the university; it made its own appointments, and had complete control of its own considerable financial resources.<sup>1</sup> This was not a situation in keeping with Roddick's eminently co-operative nature, but in spite of a good deal of desultory discussion on the matter, nothing definite was done about it for the first four years of his deanship.

On May 12, 1905, however, the Faculty passed a resolution to the effect that it considered the time had come for full amalgamation with the university, and to place the management of the Faculty's affairs unreservedly in its hands.<sup>2</sup>

This resolution was sent to the Board of Governors, who replied that they welcomed the suggestion, and the amalgamation was thereupon completed.

Roddick's close friendship with Lord Strathcona was undoubtedly responsible in large part for Lord Strathcona's splendid munificence in connection with the Medical Faculty. In another letter in 1909 Roddick says:<sup>3</sup>

<sup>1</sup>The late Sir Andrew Macphail, in a recent article on "The Old University" (*The McGill News*, March, 1938) makes the following comment on the position of the Medical Faculty, at the time of his Arts career (1885):

"The Medical Faculty was beyond the pale; the medical students desperate characters of whom the gentle Arts students and professors equally went in fear. They, too, had once occupied the Arts Building, but only on the formal engagement that the effluvium from the dissecting room should not offend the more humane denizens. They long since had been sent to their own place where they and their professors were left to themselves, free from University control, a law unto themselves. And yet it was upon this faculty, with Osler, Howard, Shepherd, Roddick, Ross, Buller, Gardner, Mills, Ruttan, Johnston, Adami, that the fame of the University was built."

<sup>2</sup>This resolution was brought forward by Professor J. George Adami.

<sup>3</sup>Lady Roddick's personal correspondence.

"I have had a pressing invitation from Lord Strathcona to go over and talk Faculty matters with him, and as I am looking anxiously to him for endowments, etc., I may run over after the Coronation for two or three weeks."

And again later on:

"We all had a dreadful 'fright' one day last week. It was reported that Lord Strathcona had suddenly died at his place in the Highlands, but it turned out to be one of those shocking stock-jobbing affairs. He has not yet said what he intends doing for us, and if he died before providing for our Faculty, we should be in a bad way."

It was under Roddick's direction that the five-year course in medicine was instituted. In October, 1905, the Medical Faculty decided to ask the legislature for power to demand an extension of the course in medicine to five years. In February, 1906, the Faculty's Committee on Education again brought the matter up, recommending that it be pushed through to completion. It was felt that the additional time would permit of a much desired increase in the amount of training in the clinical branches.

Roddick felt, however, that their action should not be precipitate. It was at his suggestion in April, 1906, that a committee was appointed to wait upon the Governors of the university to ask if they would assume the responsibility for any deficit which might occur from the possible falling-

off in the number of students, consequent on the institution of the lengthened course.

This conference with the Governors was held in June, and the decision reached is given in the following letter from Sir William Peterson, the Principal, to Dr. Roddick:

"As I may be unable to be present at the meeting of the Faculty to-night I must not forget to make the official communication which the Board of Governors requested me to make to the Faculty as the result of the recent conference.

"You will recollect for yourself how very highly the Board appreciated your action in coming before it to discuss the subject of the five-years' course before coming to any resolution on the subject in the Faculty, or reporting to Corporation.

"I think I have already informed you that after you and your colleagues withdrew, the suggestion was further discussed, and that the unanimous feeling of the Board was that the Faculty should receive all possible support from the University in regard to this.

"The minute of the Board runs that I am authorized to inform the Faculty that any decision in regard to the five-years' course come to by the Faculty, and approved of by the Corporation, would receive the support of the Board."

The final step was taken that same month, by the sending to Corporation of a resolution that the five-year course was desirable, and that it should be put into force with the session of 1907-08. This

received Corporation's approval, and the course was duly instituted. The other medical schools in Canada soon followed the example.

This steady expansion of the Medical Faculty received a setback in the destruction of the greater part of the medical building by fire in April, 1907, with irreparable losses of museum collections, books and records. Dr. Shepherd mourned inconsolably over the annihilation of a fine anatomical collection built up during his long and busy teaching career in anatomy. Professor J. G. Adami lost his splendid library, together with much material for his textbook on pathology, and although with his characteristic courage and energy he gradually repaired much of his loss, the blow was a very bitter one.

An emergency meeting of the Faculty was called, and it was decided at once to carry on the work of the spring term as usual, using the other buildings of the university as much as was necessary. Fortunately, the wing containing the teaching laboratories and the chief lecture room was saved, though damaged to some extent by water and smoke.

Roddick's comment in his address to the students at the close of the session was as follows:

"Have no forebodings regarding our homeless and apparently destitute condition. A greater McGill will rise from the ashes, and when you return to visit us in the future, you will find us occupying a building practically indestructible, and equipped as few schools are for the teaching of medicine."

These were no empty words of encouragement. Those who took their medical training at McGill during those years of reconstruction, and afterwards, can bear testimony to the continuance of the high standard of teaching.

With the help of Lord Strathcona, who gave the land on which it stands, as well as nearly half a million dollars towards the museum and equipment, the new medical building was opened in 1912, and fully justified the claims Roddick had made for it. It had been suggested by some that the old site should be utilized, and a smaller building be erected, but the "phoenix" spirit carried the recovery to much more ambitious heights.

## II

By 1908 Roddick felt that his powers were being too heavily taxed. He had held his seat in Parliament until 1904, and had also kept up his practice and teaching in surgery. But it was quite evident that his hands were too full. Much as he liked his lecturing, he was frequently unable to get away from Ottawa for it. Dr. H. S. Shaw, who was the last of his house-surgeons in the Royal Victoria Hospital, tells me he recalls, as a student, that his class often would assemble for a lecture in surgery, only to be told at the last moment that Dr. Roddick had wired from Ottawa his regrets that important public business would make it impossible for him to meet them. The class viewed this lack of teaching with some dismay, and later with

resentment. Dr. Shaw remembers however, that whenever Roddick would finally appear, his irresistible manner never failed to make the class forget his delinquency.

An instance of his great popularity with his students at this time is mentioned by Dr. McLeenan, of Vancouver. This was an episode which happened in the old Molson Hall, where the final year men were taking their examination in surgery. Roddick came up the stairs into the room, after the examination had begun, as was the custom, and, one after the other, men laid down their pens and applauded him for some minutes. The striking thing was the spontaneity with which those in the throes of their final examination gave of their scanty, valuable time, to acclaim the man who had set their paper.

Roddick finally retired from the chair in surgery in June, 1907.

### III

In January, 1908, Roddick wrote Principal Peterson as follows:

"It was my intention at the meeting of the Faculty this evening to have made a statement which has been concerning me for some time, with reference to the deanship, but unfortunately I am unable to attend, being afraid to venture out in the night air after my recent rather sharp attack of laryngitis. Perhaps you would be good enough to do it for me.

"It will be remembered that an understanding was come to at the completion of my five years of service, as Dean, in December, 1906, that the question of the Deanship was to be left over for discussion until after the close of the session of 1906-07.

"Meanwhile, the fire in April left so much to be done in their respective departments by members of the Faculty likely to succeed me, that it was thought desirable by yourself and some of the governors that I should not desert my colleagues at that time, but remain until at least they were comfortably housed in the building which has since been repaired and is now occupied by the Faculty.

"Therefore, all the laboratories being now in good working order, and the last workman having left the building, I consider it would be a breach of faith on my part to continue a day longer in office, except at the distinct request of the Faculty.

"P.S. Needless to say, my resignation remains entirely at the disposal of the Faculty."

On the reading of this letter at the regular Faculty meeting, it was moved by Professor Gardner, seconded by Professor A. D. Blackader, and carried unanimously, "That Dr. Roddick be asked to continue in office until the end of the present session."

His retirement from the deanship marked the close of his active teaching and administration work at McGill, but in that same year he was elected a Governor of the university, and served as such for the rest of his life. Few men had had so

long an association with the university in teaching, or had given guidance which had been so continually beneficial.

It may be added that it was during his term of office that a dental school was developed in association with the Medical Faculty. The movement to teach dentistry at McGill was begun in 1903, but at first the Medical Faculty disagreed as to the nature of the degree to be awarded. In 1906, the school of dentistry was opened as a department of the Medical Faculty, and in 1919 it developed its own Dental Faculty.

A word might be said here regarding Roddick's attitude towards the training of women in medicine. He was criticized by some for opposing their entrance into medicine at all, but actually his attitude was not quite so uncompromising. He was far too tolerant for that. But he always said that he himself never could lecture to mixed classes. In the early days of teaching female medical students it was difficult for the teachers as well as for the students, and Roddick was one of those who was quite unable to overcome his distaste for the situation.

He would explain, however, that he was quite in favour of women taking up medicine, if separate classes could be arranged for them. Of course that would mean extra expense, but he thought it was the arrangement which should be aimed at. He had, indeed, done some teaching of the kind himself in the early 'seventies, when the Ladies Edu-

cational Association was active in Montreal, he had given courses of lectures to their classes.

The following tribute was paid to Roddick in the *Montreal Medical Journal* on the occasion of his retirement and subsequent appointment as a governor of the university:

"This elevation to the governing board of the university is the highest distinction to which a graduate may aspire, and it came to Dr. Roddick easily and naturally by reason of his long service in the cause of sound learning, in the profession of surgery, and a life-time spent in ameliorating the misery of his fellowmen. . . .

"Of equal importance was the management of his conduct in private and professional life, which always, made—and still makes—for urbanity, good temper, and reasonableness."

With his multiplicity of public interests, it was inevitable that his private practice should be encroached on. But while it is true that his hospital work became limited to consultations, he never lost his love for general practice, continuing until his latest years to see a great many patients. He gave his patients an indefinable sense of security which made them feel that he had shouldered all their worries and forebodings.<sup>4</sup> Perhaps this was be-

<sup>4</sup>He possessed, as one of his household put it, "The peace of mind that gave happiness and comfort to others."

It is not possible to record all the expressions of gratitude from his countless patients, but perhaps the following tribute from Miss Esdaile of Montreal may be quoted:

"As one of Sir Thomas Roddick's oldest patients, I wish to send this small tribute to his memory, in grateful thanks for many kindnesses. Apart from his skill as a surgeon and physician, he had the great gift of inspiring his patient with confidence, and upon entering the sick room he brought

(Continued on next page.)

cause he was never hurried in manner, but what counted most was that he always really wanted to give of his best. His heart was wholly in his work, and his deepest pleasure was in exercising his art.

He would take particular pains in selecting nurses for patients, not leaving it to the family to make the choice, for he well knew what a difference it made to suit the patient exactly in this respect. He understood, as not all medical men do, the significance of such apparently small details as exact directions regarding the preparation of an invalid's food, or the telephoning to a convalescent to advise going out for a drive on a fine day, or in some other way break the monotony of recovery. Medical men may realize the encouraging effect of this kind of solicitude, but it is not given to all to be able to exercise it with such unstudied sincerity as Roddick displayed. One could truly apply to him the definition of the physician's calling, "*Guérir quelquefois; soulager souvent; consoler toujours.*"

His reputation for kindly treatment of those in poor circumstances is borne out by the many cases known to his household. Frequently, instead of charging a fee, he would send an order for groceries to the patient's house.

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cheer and hope. In cases where hope could not be given, his presence brought calm and peace. He never gave up trying to bring comfort to the patient, leaving nothing undone that thought and skill could suggest. He would sit up with the sufferer, only leaving when the end had come, and he had helped the family in kindly advice. Where the financial affairs of the patient were involved his visits were never spared or shortened. His interest in his patients became a personal one; they felt they had a friend to whom they could appeal under any circumstances. His passing has left a blank that cannot be filled, for his many patients in all walks of life."

## IV.

For some time before his retirement from teaching Roddick had been showing signs of the strain of his incessant activity.<sup>5</sup> In the spring of 1905 he consulted Osler in Baltimore, who evidently found signs of high blood-pressure, and probably also of the arterio-sclerosis which was to become more definite later on. At any rate, a change was ordered; and Roddick left for Florida with, as he says, "nitroglycerin and abundance of good advice, and to take a long rest".

He spent a couple of months in Florida, and then later in the summer paid a visit to his old home in Newfoundland. As he was apt to do when travelling, he kept a diary of the trip, and it gives an insight into his simplicity and genuine interest in people. His visit developed into a kind of royal progress, as he travelled in a special car on the Reid Newfoundland Railway, the "Terra Nova", and made it his headquarters, where he delighted to entertain all and sundry. The pages of his diary are filled with the names of those whom he met, many of course being boyhood friends.

"All the flags in the town and on the shipping were flying in honour of my visit, and things altogether had a holiday look. . . .

"At eight o'clock sharp was at the Court House, where Patterson, Victor Prevost and self

<sup>5</sup>In one of his letters he speaks of taking the waters at Bath in England and "feeling none the worse for them"! He had gone to Bath principally to see how this special watering place was run, as he was interested at the time in establishing a spa at Caledonia Springs in Ontario.

met Mr. Lynch, the Clerk of the Court, James Munn, Parsons, and others, and I was welcomed to the platform or Judges' Bench.

"The Chairman introduced me in most eloquent terms, followed by J. Munn, who read an address of the most flattering character, referring especially to what I had done in the 41 years since I left for Montreal, and also to Father's work in connection with the Grammar School, etc. It referred also to the kindnesses the girls (his sisters) and myself had been able to show Newfoundlanders who came to Montreal.

"I replied at some length, beginning by telling them that I had been looking round for Mark Aspel, Jim Power, Auntie Gracie, Potty Voiey and others who had joined the majority. I went on to thank them for the kind things said about father and my giving the fountain to Shannon Park. Ended up by recommending Newfoundland to annex Canada and the N.A. Continent, etc."

The fountain mentioned was Roddick's gift to the town of Harbour Grace. The benefaction, however, led to unforeseen complications. The park in which it was to be placed had no water laid on in it, and the pressure in the nearest water mains was not enough to make the fountain play. All this was discussed while Roddick was there, and he makes the following comment on it:

"At 3 o'clock met the commissioners of Shannon Park—Parsons, D. Munn, Oak, Hanratrain, Travers, Thomson, and Quintin—and chose the

\*See Appendix A.

site for the Roddick Fountain. In order to hasten the operations for the finding of the water I also gave them a cheque for \$100, which, with as much more, should sink an Artesian well!"

In spite of his jocular reference to annexation, he was always strongly in favour of Newfoundland's joining the Dominion, and let no opportunity slip of preaching the advantages which would attend the union of the two. On returning from this visit to Newfoundland he said in an interview that he had spoken plainly to them on the question and his views had been received with general approval. At the moment, he said, Newfoundland was prosperous, and confederation was not a live issue. Yet there was a very general admission that the ultimate practical destiny of the island was to form part of the Dominion of Canada. More than ever, he said, he realized that the delegation from Newfoundland in 1894 should have been met in a more generous spirit. That, he declared, was the fitting opportunity to round off Confederation.

He had actually hoped, as he told Lady Roddick, that after finishing his legislative work in Ottawa, he might find an opportunity to enter the Newfoundland House and do something towards influencing his countrymen to join the Dominion. But, as we have seen, his medical Bill took much longer than he expected, and he engaged in no more political work after that.

It was always felt in Newfoundland that Roddick was a friend at court, and that he could be

relied on to help Newfoundland's interests to the best of his power. One instance of this readiness is recorded in 1901: It had been decided for the first time to send medical men out with the sealing fleet from St. John's on the annual seal hunt. The total number of men on the ships was over 4,000, and the necessity for some medical care had become recognized, especially as there had been instances of fatalities which a doctor might have averted. Apparently, however, there were no medical men available for the work in Newfoundland, and application was made to Roddick in Montreal, who promptly secured the services of five men; a sixth was added in Newfoundland. Most of these men came from Toronto.

Again, Roddick was active in public appeals for assistance when St. John's was largely destroyed by fire in 1892, and also when disaster overtook the sealing fleet. His efforts, along with those of Colonel Renouf and other Newfoundlanders in Montreal, resulted in the collection of considerable sums of money for the destitute Islanders.

## V

Roddick's work in bringing about legislation for Dominion medical registration has already been described, but some account of his political career must also be given.

In 1896 the Conservative party had two candidates for the St. Antoine Division in Montreal, Messrs MacMaster and J. S. Hall. Neither would

give place to the other, but they were willing to stand aside in favour of a third man, and Roddick was agreed on as an entirely suitable substitute. In spite of his apparent qualifications for political work, however, it cannot be said that he was anxious to enter politics. It was frequently said in later references to his political work, that he had sought a parliamentary seat in order to further his Dominion Registration measure, but he made it clear that it was only at the request of the Premier, Sir Charles Tupper, and his friend Sir Donald A. Smith (as he was then) that he took the step. Naturally, he must also have had in mind the advantage that it would give him in promoting Dominion registration.

In a speech to the medical students at their annual medical dinner in 1907, he said:

"In 1896 there was a chance for me to enter the House of Commons and so carry out a scheme that I had fondled for a long time. Prior to my entrance into public life I had endeavoured, but in vain, to find a member of the Commons or of the Senate who would further the interests of my proposition. I was elected and went to Ottawa, where I was met with a disappointment. I found that I had not been trained to the political game in my youth, and that I was too old to learn it successfully."

The medical students were enthusiastic canvassers for him during his electioneering, but an incident occurred that showed that even amongst such

strong admirers there were some who resented any dictation as to their politics. On the morning of May 16, 1896, there appeared on the notice-board of the medical building at McGill, one of Roddick's election posters, announcing that a mass meeting would be held at Sohmer Park that evening, and inviting the students to turn out in a torchlight procession (torches to be given them) and support Roddick. There was a large and riotous turn-out of the students, but when they reached the Park their demonstrations were most unmistakeably in favour of the Liberal party! They shouted for "Laurier" and wore emblems with his name on it.

This was their method of objecting to any attempt at being dragooned into voting even for such a favourite as Roddick was. On the following day there was a mass meeting of the students, at which they passed a resolution "that they would not be coerced by any such trickery as that attempted in the bulletin posted on the board to which we look for college instructions".

It was probably the work of an electioneering agent, and did not affect Roddick's popularity. In the following year, on his return from a trip to England, he was met at the Grand Trunk station by a crowd of medical students, who took the horses from his sleigh and drew him themselves to his house. On another occasion he was met at the railway station by a number of students who raised him on their shoulders and, as a special mark of esteem, tossed him in the air.

Throughout his electioneering it was evident that some distrusted his business capacities. His lack of knowledge of business affairs was compared with the well-known abilities of his opponent Mr. Robert Mackay. Roddick readily admitted that he was no business man, but said that he had many friends to whom he could turn for help in that respect. His freedom from the typical political oratorical manner counted in his favour. One journalist of the day wrote:

"If you called Dr. Roddick an orator he would laugh in your face. For he is one of the frankest men living, without a trace of humbug, even though he is a doctor, and humbuggery is precious in the profession, of which he is a conspicuous and able—perhaps the ablest—local member. No; I do not think the doctor could make a political speech if you were to give him a million dollars. But, among his friends, he is one of the brightest and wittiest entertainers you could desire to meet. There is a sly humour in the man; he has not studied human nature at close quarters for all these years for nothing. He understands and is lenient to the foibles of character which he meets in his rounds; and these have furnished him with the most delicious tit-bits, which, if the moment be auspicious, and the day's work be done, he will serve with a merry twinkle in his half-closed 'blue eye,' and a slow smile, which is full of art."

Dr. J. E. Thomas, of Montreal, who was a student under Roddick, and knew him well, recalls that his first election speech was rather dis-

appointing. He had a bad cold at the time, which affected his voice, and that probably made him less impressive than he usually appeared to his students. He was always able, however, to make clear, direct speeches, which may have lacked oratory, but which were probably all the more effective.

Mackay was both a personal friend of Roddick and a patient. The newspapers got hold of a joke during the election, that on one occasion Mackay consulted Roddick professionally, but warned him that he was not sure that he could take a chance on the medicine prescribed by his political opponent!

Roddick won the election by a majority of 137. His opponent demanded a recount, which resulted in Roddick's majority being increased to 173.

It may be of interest to mention the Roddick "platform", the "planks" of which were as follows: the maintenance of the principle of protection in the tariff; the bringing of Newfoundland into the federation; the restoration to the Manitoba Catholics of the school privileges guaranteed by Parliament; the extension of Canadian trade; the strengthening of the imperial connection. There was no mention of his scheme for medical registration. It was not a party measure, and could not have been effectively explained to the electors.

After gaining his seat he had to bide his time before he could bring forward his Dominion Registration Bill. This has been dealt with in Chapter V.

His maiden speech was on June 30, 1899, when he took up the subject of tuberculosis in Canada, and the necessity for measures to control it. He spoke with moderation and clearness, and created a favourable impression in the House. He brought forward a series of resolutions passed by the Montreal Medico-Chirurgical Society, which urged the taking of steps for the eradication of both human and bovine tuberculosis in Canada. Roddick pointed out what was being done in other countries in this respect, and then went on:

"It may be said, Sir, that this is not the place to bring this forward; that it is a matter to be dealt with through the several provinces. But I think this is a greater question than can be overtaken by the provincial authorities. It is a question of a national character, and it is simply and absolutely impossible for disjointed, disconnected provinces, with a series of boundary lines imaginary or otherwise, to carry out a proper scheme of war against this great plague of our race. Though one province may endeavour by every possible means to eradicate this disease, an adjoining province may be lukewarm and indifferent, and the consequence is that the state of things remains most unsatisfactory.

"Exactly how this desired result is to be accomplished I do not know, but there are several phases of this question that can be dealt with by the Government. In the first place, the employment of persons in factories may be very properly dealt with by this House. It is well known now that a great many cases of tuberculosis occur in our factories. . . .

"Another matter that this House might properly consider in regard to this disease is immigration. That question is becoming a live one for this nation, and I think the time has come when our immigration department should see that all immigrants are examined for tuberculosis before they are allowed to depart from the other side. We know that there are countries in Europe especially, where tuberculosis is very prevalent, and it happens that the two countries where it occurs most frequently, Russia and Austria, are the two countries from which we have recently received large numbers of immigrants. . . .

"Another thing that I hope this Government will take up vigorously is the matter of statistics. At present it is impossible to find any sanitary statistics of an intelligible character regarding this Canada of ours. I have looked everywhere, and those that I can find are disjointed, disconnected, and very unsatisfactory. . . ."

This speech opened a discussion on tuberculosis in Canada which, by one of the curious turns that debate may take, brought out a bitter exchange of personalities, but Roddick sat back after his initial contribution, and did no more than correct some misstatements of fact.

His later speeches also dealt with measures affecting public health. On one occasion, however, he took part in a debate on the Port of Montreal. In this he made a point of the fact that the tides and currents of the lower St. Lawrence and Gulf had never been properly surveyed and charted. He quoted figures to show that some of the tidal

currents in that neighbourhood had a speed of five or six knots an hour, and it is quite possible that he had in mind the giving of Newfoundland some indirect help by asking to have the area properly surveyed:

"A current running at the rate of six knots per hour is practically unknown to the Marine Department in this country. That, I think, is a pity, and I hope that the Minister of Marine and Fisheries will see that something is done to correct that.

"I remember myself, as a Newfoundland, when I used to yacht round the coast of Newfoundland as a lad, how serious these currents are. I know we used to allow our boats to drift in certain currents which we happened to be acquainted with along the southern coast. We would put out our fishing tackle and lie down and go to sleep without bothering ourselves as to the course of the boat, and in the morning find that we had travelled several miles.

"One can understand, therefore, that a want of knowledge of the tides and currents in the lower St. Lawrence has undoubtedly led to shipwrecks."

Other matters on which he spoke at various times were, the desirability of establishing a bureau of public health; the necessity for closer supervision of quarantine, together with a keener scrutiny of immigrants at European ports; and the establishment of a national bacteriological laboratory.

He also took part in a debate on an anti-cigarette motion aimed at "prohibiting the importation, manufacture, and sale of cigarettes." He said that this was asking too much, and that he would rather see a prohibition put on the sale of cigarettes to youths up to seventeen years. From the tone of the debate it does not seem that the motion was taken very seriously by the House, although it passed by a considerable majority. After the division, one of the members who was always eager to force a declaration of policy from the Government, asked the Premier, Sir Wilfrid Laurier, what he intended to do in view of the expressed views of the House. Sir Wilfrid's reply was: "I feel that I shall certainly have to give up smoking cigarettes."

## VI

The year 1897 brought him an honour which he was the first Canadian to receive. In that year the British Medical Association visited Canada for the first time, and Roddick was chosen as its president for the occasion, the first medical man outside the British Isles to hold the position. He was now not only well known as a surgeon, but his work in medical politics and public health made him an outstanding figure. In the previous year he had taken part in the organization of a branch of the British Medical Association in Ottawa, and in the following winter he went across to England to make arrangements for the meeting that summer.

The medical journals and newspapers of the day contain very full accounts of the prolonged and careful preparations made for this meeting. It was undoubtedly a brilliant success. On the social side, in addition to numerous receptions, special efforts were made to carry out as many excursions as possible, both around the city and island, and to further points. The most popular of these seems to have been the trip to Lachine and the subsequent shooting of the rapids.

Amongst the many distinguished guests, Lord Lister was pre-eminent. He was actually on a visit to Toronto at the time, attending a meeting of the British Association, of which he was president, but he came to Montreal for a day or two, and was Roddick's guest at 80 Union Avenue.<sup>7</sup> During his visit here he was asked to lay the foundation stone of the Nurses' Home at the Montreal General Hospital. At this ceremony Roddick referred to the early use of Lister's methods in the hospital, but laid no special emphasis on his own part in introducing them.

Osler also came up to this meeting, from Baltimore, and gave the address in medicine. Roddick's allusion to him was as follows:

"Roddick's sister, Emma, was keeping house for him at the time, and Lady Roddick has a long letter from her describing all the entertainments that were held during the meeting. She said:

"We set the table three times daily for eighteen. Lord Lister stayed with us and he is just a delightful old man. Indeed, they were all charming, and we were all sorry to say good-bye. My tea was such a success. Fancy! I shook hands over two thousand times; the waiter announced over fifteen hundred, and half of them came back to say how much they had enjoyed it.

"After the meeting at the Windsor was over, Lord Lister, the Governor-General and Tom, came and received with me. At half-past five, the cars stopped at the door, and five hundred doctors came in, without the sign 'of a woman'!"

"Medicine will be dealt with by one whose reputation is now world-wide—by our Osler—whose professional education was in great part received in this city, and who, I am happy to say, is still a Canadian. How he has been able to escape the alien law is a puzzle to many; but he has really only been borrowed for a time; he is merely passing through the United States in bond. We are only waiting until we can find a place large enough to hold him, when we shall coax him back."

## VII

It has already been mentioned that he took up the question of tuberculosis soon after his entry into Parliament. It remained one of his great interests, and he found time to do a great deal of pioneer work in its prevention. He spoke at the first meeting of the Conference on the Prevention of Tuberculosis held in Ottawa on February 14, 1901, and a little later on was chosen as vice-president of the Montreal League for the Prevention of Tuberculosis. This last body was formed under the leadership largely of Dr. Richer, who gathered many of the leading citizens of Montreal into a group, notably Colonel J. H. Burland, Dr. E. P. Lachapelle, Professor J. G. Adami, Mr. C. J. Fleet, and many others. Sir George Drummond was the first president, and Roddick was vice-president from 1903 to 1908. He missed very few meetings. Later on, this league was reorganized, and became the Royal Edward Institute. In 1909

Roddick was chosen as one of the members of the Royal Commission on Tuberculosis appointed by Sir Lomer Gouin.

Another institution with which he was closely associated from the beginning of its existence was the Royal Alexandra Hospital of Montreal. This hospital was the outcome of a demand for increased hospital accommodation for infectious diseases. In 1902 a deputation representing the English hospitals met the City Council and laid the situation before them. Roddick was on this deputation, and after considerable discussion an arrangement was made by which the city would contribute a certain amount to the upkeep of both the Notre Dame Hospital, which had a wing for infectious diseases, and the Royal Alexandra.

It was necessary, however, to raise further funds by private subscription, and Roddick presided at a meeting held in the Fraser Institute on December 7, 1904, at which generous support was obtained, headed by a subscription of \$25,000 from Mr. James Ross. Owing to delays caused by difficulty in obtaining a suitable site, since one selection after another was objected to by various interests, the building was not opened until late in 1905. Roddick was the president of the Royal Alexandra Hospital for some years, and continued to be active on its Board until within a few years of his death.

Another of his interests was the Grenfell Mission. He was on the advisory board of the Montreal branch, which he helped to establish, and of which

he was always a liberal supporter. One of his last acts was to send a donation of \$1,000 from Lady Roddick and himself, and it was he who presented the Mission in 1894 with a sailing boat of light draught. This boat was named the "Urelia McKinnon" after his first wife.

This was only one of his many acts of generosity. It should also be recorded that he and Lady Roddick gave \$6,000 to the 1911 McGill Campaign, for medical purposes, and another \$5,000 for the Redpath Library in 1923. He also contributed generously to the Patriotic Fund during the War.

There were few public health bodies in Montreal with which Roddick was not associated in some way or other. In May, 1900, he initiated the formation of a Montreal Branch of the Red Cross Society. He explained that this Society would have been formed in Montreal some time before, except that Lord Minto had expressly asked that Montreal should concentrate its efforts on the Patriotic Fund for the time being (in connection with the Boer War).

Again, he took an active interest in the Victorian Order of Nurses, and was active as its president for a time. He was on the organizing committee of the Children's Memorial Hospital of Montreal, and was also a member of the Library Committee at McGill.

## VIII

The following details of his family may be inserted at this point, and references to the degrees and honours he received.

He was one of five children, three girls and two boys. His brother John, who predeceased him by several years, never filled the place in public life that Sir Thomas occupied, but he was a man of great strength of character. He lived most of his life as a lumberman at Six Portages, River Gatineau, Que., and was said to have had an unusual capacity for controlling the lumberjacks of the district, who had a great respect for him.

One sister, Mrs. Kennedy, predeceased him, leaving a son and daughter, J. Roddick Kennedy and Madge, who became Mrs. Woodley. Two other children had died, Mary Stewart (Queenie), who was a favourite with Roddick, and Edward Irving.

His other two sisters, the Misses Emma and Margaret, lived on in Montreal for several years after Sir Thomas died.

In 1880, Roddick married Miss Urelia M. McKinnon, of Pointe Claire, Que. Mrs. Roddick died in 1890, and Roddick's sister Emma again kept house for him until the time of his second marriage, in 1906, to Miss Amy Redpath, who survives him. He had no issue. He occupied his house at 80 Union Avenue for many years, and even after moving up to Sherbrooke Street, on the occasion of his second marriage, he still kept the Union Avenue house as his office, and as a home for his sisters. Later on, he moved his office, taking a house on Mackay Street, where his sisters remained for the rest of their lives.

In 1898 Roddick was given an honorary LL.D. by Edinburgh University: others who received this degree at the same time were Osler, H. P. Bowditch of Boston, Jonathan Hutchinson, Lauder Brunton, Mickulicz, and Kocher. He was given the same degree by Queen's University in 1903. In 1904 he was to have had the degree of Doctor of Science, *honoris causa*, conferred on him by Oxford University, in company with Sir William Osler. But at the last moment he was unable to get away, on account of the illness of his niece, and the degree was not conferred *in absentia*.

In 1900 he received an Honorary Fellowship of the Royal College of Surgeons of London. Amongst others who were given the honour on this occasion were Sir Wm. Hingston, of Montreal, and Mr. I. H. Cameron, of Toronto. Roddick, who never missed an opportunity to say a word on the subject which at this time held his attention most closely, remarked in his acknowledgement:

“Three of the oldest colleges in Canada are here represented. Another link has this day been forged in the great chain of Imperialism, and the principle of reciprocity will in time I hope be established, so that the practitioners of Canada may be recognized in Great Britain. When Dominion as distinguished from Provincial registration is established, we may present a scheme for acceptance in this country.”

Other degrees conferred on him were as follows: honorary membership in the Medical Society of London, 1897; Associate Fellowship in the College

of Physicians of Philadelphia, 1898; Honorary Fellowship in the American College of Surgeons, 1914; Fellowship in the Royal Society of Canada, 1914; and LL.D. of McGill University, 1921. He was also an Honorary Associate of the Grand Priory of the Order of the Hospital of St. John of Jerusalem.

The crowning honour of his knighthood came in 1914. His friends had been looking for this honour to be conferred on him for some time before; he had even received letters of congratulation the year previous, so confident had some been that the honours list would contain his name.<sup>8</sup> The announcement brought forth large numbers of letters and messages. Many of them were from old patients, and the warmth of their affection for him was evident even through the conventional phrasing. One or two may be quoted.

From Mr. Huntly Drummond:

"Dear Sir Thomas:

"We are all delighted your well deserved honour has been conferred on you.

"I don't believe there will be a dissenting voice in the chorus of approval, both of the recognition of the profession, and of yourself personally. Your work is so well-known all over Canada, that it is superfluous to allude to it, but you know in part at least the debt that I feel under to you during all the years you have been the guide, philosopher and friend of the Drummond family. . . ."

<sup>8</sup>One of his old servants at 80 Union Ave. said quite seriously to his sister: "I hope they won't give him this knighthood, for sure he has always been called out at night too much as it is!"

From Dr. (afterwards Sir Andrew) Macphail:

“Dear Roddick:

“I was delighted to hear last night that your name had been included in the birthday honour list. This recognition must give you great pleasure, and I, in common with all your friends, share in any pleasure which you may have. Distinction came to you long ago, but this wider recognition of it is especially gratifying. I hope that you will enjoy your honour for many years, but your friends have long since distinguished you in their hearts.”

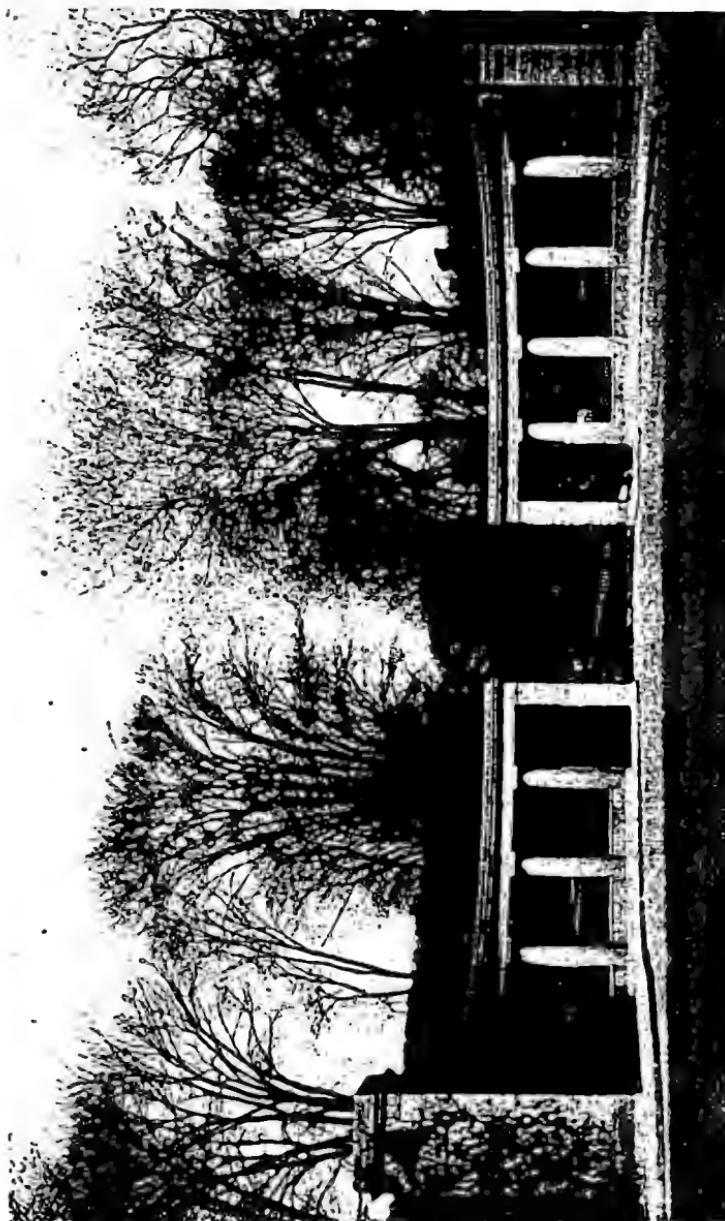
From Sir Thomas Shaughnessy:

“My dear Sir Thomas:

“It is with great satisfaction and pleasure that I note that the King has been pleased to confer upon you the honour of knighthood, and on behalf of my wife and myself I extend to you and Lady Roddick our most hearty congratulations.

“Of all the Canadians honoured, you are the most deserving, since apart from political service rendered to your country, you have primarily spent your life in ministering to the weak and infirm physically, and reached the highest rung in the ladder of that great profession which is fortunate enough to include you among its members, and the honour comes as a just tribute to your self-sacrificing and noble work which Canada, Montreal, and your patients will never cease to remember. . .”

And Sir Dawson Williams, late editor of the *British Medical Journal*, wrote:



The Roddick Gates at McGill University:



"My dear Roddick:

"You will not need to be told with what pleasure I read the announcement in the Birthday Honour List. All your many friends here are greatly pleased, and you will presently receive congratulations from the Council of the British Medical Association (which is meeting today).

"Some of us think that this recognition of the work you have done for the profession in the Dominion should have been accorded long ago. I hope you may long live to enjoy the honour, which I feel sure you will value the more because it will be shared by Lady Roddick."

## IX

Roddick had now done his life's work. He had been influential in many medical developments, and had established a high reputation for kindness, skill and wisdom in the affairs of men. Professor J. G. Adami, a colleague and friend of long standing, wrote of him:

"For his personality and through what he accomplished for the profession, Sir Thomas Roddick was deservedly looked up to as the leading figure in Canadian medicine of his generation. He was an outstanding figure in the long continued fight to obtain federal registration. The eventual victory owed everything to his persuasive pleading and personal popularity. . . . Roddick indeed enjoyed his popularity. He loved to please people, and at times suffered from the very defect of his virtue, in that he too easily promised to do things which he could not perform; yet even those whom he had disap-

pointed in this way could not but fall victims to his geniality and inherent kindness."

After his marriage in 1906 a great deal of his time was spent in travelling with Lady Roddick, both in America and in Europe. He had always been fond of going abroad, partly in order to keep in touch with medical matters, and partly as a means of recreation. He had no particular hobby, his time being completely absorbed with his many interests, but he recognized the value of some outside interest, and always urged younger men to cultivate one. Nor did he take part in any games. Consequently, travel became a great pleasure to him, and he reaped from it not only the benefits of the relaxation, but the widening and enriching of his mind. His fine memory for names and events was particularly noticeable in connection with his travels. He was able, for example, long after his trip to Egypt, to give a lecture on it, recalling the various points of Egyptian history with but little preparation. He came to know all the great art collections in Europe, and made a most entertaining travelling companion. He had visited Algeria, where he took his first wife on account of her frail health, and later on, with Sir Robert Reid, he went to Egypt and travelled up the Nile. From this trip he brought back a mummy which he presented to McGill.

His last trip to the Continent was in 1914, after receiving his knighthood, when he went to take the waters at Contrexéville. This was towards the end

of July, and he and Lady Roddick passed through Nancy, Metz, and other fortified cities, and were witnesses of the tension of the military preparations. They saw the excitement of the first days of August in Paris, and had great difficulty in getting transportation out of the city. Sir Thomas was not well, and the physical hardships of these days were a serious strain on his health.

Eventually, they obtained a broken-down motor, which got them to Havre but took two days to do the eighty-odd miles. Everything but their hand-baggage had to be left behind. Even in Havre they had great difficulty in getting hotel accommodation, and transportation about the city was an acute problem.

When London was finally reached more difficulty was encountered in getting a passage to Canada, as the boats were all crowded to overflowing. At the last minute, however, Sir William Mackenzie heard of their plight and offered them his own suite, which was gratefully accepted.

Roddick's travelling in his later years was confined to yearly trips in the winter to Florida, and in the summer to other American resorts, until he found his strength unequal to it. He still occupied himself with his many interests, however. On one occasion he had an unwitting tribute paid to his general repute by the post office officials. In November, 1920, a postcard arrived in Montreal, from Austria, addressed merely "To First Physician, Esq., Montreal, Dominion of Kanada.", and

the post office scrawled underneath "Dr. Roddick", and sent it up to him.

He failed considerably in strength in his last years, but was up and about until within a day or two of his death. He retained his interest in things and never omitted to answer his many letters. Amongst the last that he received was one from the Newfoundland Club of McGill, telling him that he had been elected as their patron.<sup>9</sup> At the foot of this he pencilled a note for Lady Roddick, who often acted as his secretary, to convey his grateful thanks to the Club for the honour they had done him.

His final illness was a form of pernicious anaemia, with subacute combined sclerosis, and Dr. C. F. Martin, who attended him continually, tells me that in spite of the crippling effects of his illness, he was extremely gentle and resigned in manner. He died on February 20, 1923.

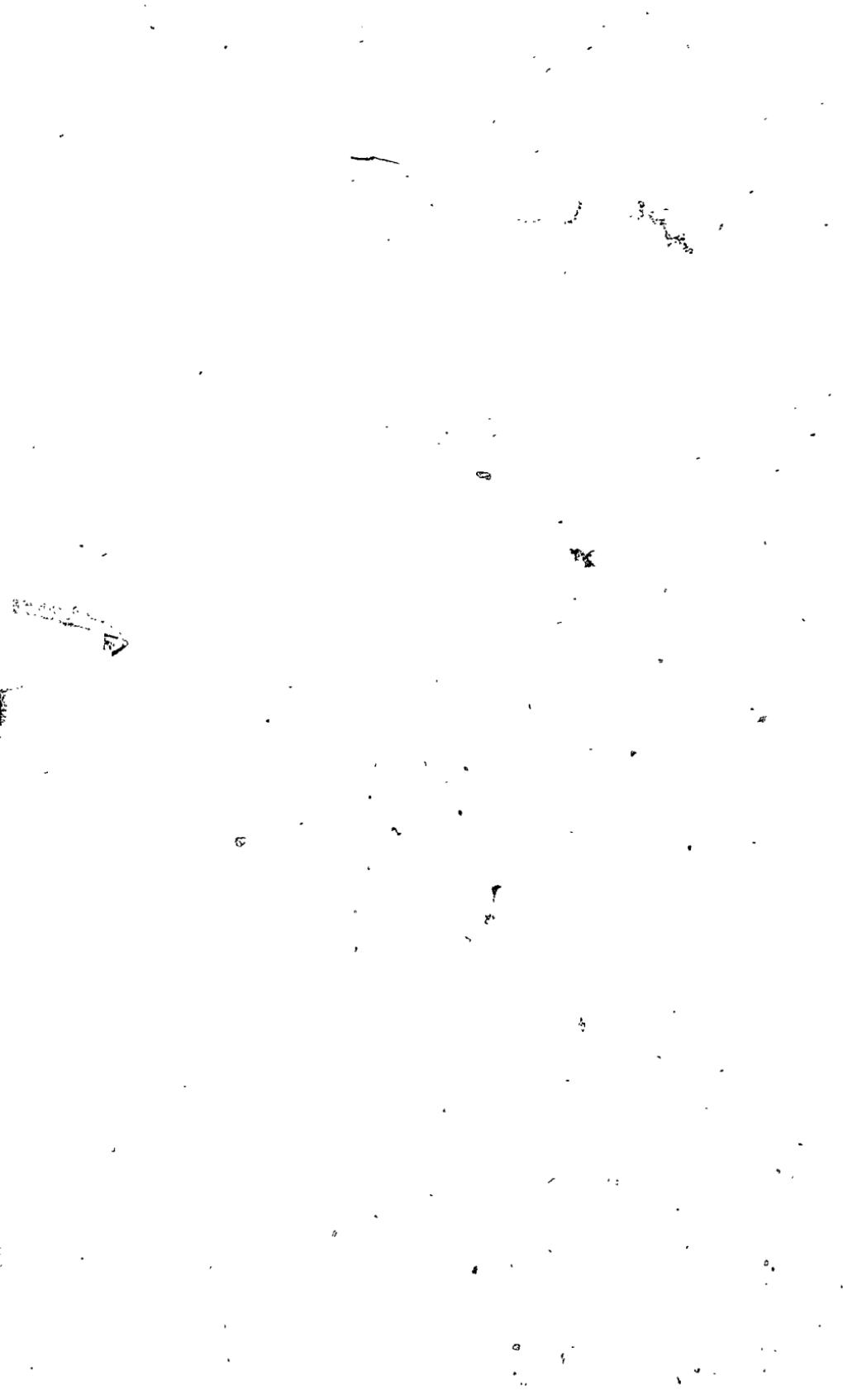
The memorial gates at McGill, erected by Lady Roddick, were formally opened by her on May 28, 1925. No one was better fitted to give the address of the occasion than was Dr. C. F. Martin, then Dean of the Medical Faculty. In his final tribute Dr. Martin said:

"His claim to greatness and to the unceasing gratitude of his university lies not alone in his recorded work, but even more, perhaps, in the influence he exercised on generations of younger

<sup>9</sup>He, with Colonel E. M. Renouf, had been instrumental in founding this Society in Montreal.

men, whose guide and counsellor he was, and to whom he was ever a source of inspiration. He was essentially the young man's friend.

"He loomed large in his time, and his supremacy was acknowledged by the best of his contemporaries. His natural princeliness of mind and manner, his cheery optimism, his temperament full of strength and tenderness, his dignity, and withal, his geniality and humour, his generosity to private and public needs—these and similar characteristics of his unaffected greatness, we cherish in our recollections."



## APPENDIX A

The address presented to Dr. Roddick on the occasion of his visit to Harbour Grace in 1905.

"To Thomas C. Roddick, Esq., M.D.,  
"Dean of the Faculty of Medicine,  
"McGill College.

"Dear Sir:

"On behalf of the citizens of Harbour Grace both present and absent, we beg to extend to you a most hearty welcome to your native town and old home on this the first occasion of your visit to it for many years. We trust you will derive much pleasure in renewing old acquaintances and in looking once more on the familiar scenes of your earlier days.

"We feel proud to greet you as one that has shed high honour on your place of birth by the eminence you have attained in your noble profession. We have followed with pride and pleasure the steps of your steady and rapid advancement therein, and have rejoiced that a Newfoundland, a Harbour Gracian, has long been acknowledged to rank second to none amongst the medical fraternity in the great Canadian Dominion, and to hold a distinguished place in the broad field of the profession beyond.

"We have heard, too, and many of us visiting Montreal have had experience, that to be a Newfoundland abroad was a sure passport to the kindly interest and attentions of yourself and your sisters, the Misses Roddick. Those in particular

whose state of health appealed in a special way to your sympathy and skill, sick and strangers in a land other than their own, have ever found in you a friend and helper, and if skill and care could effect it, a restorer to health, home, and family.

"Some present here, and others not here, Newfoundlanders and non-Newfoundlanders alike, look on you with affection as acting the part of a guide, teacher, and elder brother during the course of their college life at McGill, so long associated in our minds with your name as student and Professor. We and they will never forget how you befriended us, counselled us, helped us. Through you also, directly and indirectly, many localities in this Island, once without ready provision for the treatment of its sick and dying, have had medical men drawn to them, to minister to their needs.

"There are some of us that went before, after or with you, to the same old Grammar School, and sat there as scholars at the feet of that distinguished teacher, your revered father, the late John Irving Roddick. It is becoming that we express to you, his son, our deep sense of indebtedness to him for the instruction he gave us, the discipline he enforced upon us, and above all the example of manly rectitude he set us. In common with a long roll of Grammar School boys throughout the world we shall cherish his memory while life lasts. We all as citizens of Harbour Grace, and as Newfoundlanders, cognizant of the invaluable services he rendered to the cause of education during his long and arduous career as Principal of our Harbour Grace Grammar School, rejoice to meet you for his sake as well as for your own.

"We trust that you may be spared for many years to your family, your friends, and the com-

munity, and that a long and useful career may have a fitting and happy close.

“Signed on behalf of the citizens, by your old school-fellows:

“WILLIAM STEVENSON, THOMAS GODDEN,  
JOHN STEVENSON, NICHOLAS FITZGERALD, WM.  
MUNDEN ALLAN, DANIEL FITZGERALD, REUBEN  
GORDON, JOHN SPENCE, THOMAS ROSS, RICHARD  
FLEMING, JAMES D. MUNN, JOHN F. MUNN,  
HENRY DAVIS.

“Harbour Grace, August 22, 1905.”

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## INDEX

Adami, J. George, 115, 118, 138, 145  
 Allan, Rev. J. M., 2  
 Alloway, Tom, 18  
 Antisepsis, first report on, in Canada, 37  
 Apprenticeship in medicine, 5  
 Asepsis, gradual evolution of, 43  
 Baldwin, E. St. C., 23  
 Batoche, battle of, 49, 65, 67  
 Batoche, the settler, 75  
 Batoche, village of, 76  
 Belcher, A. E., 6  
 Bell, James, 57, 65, 70, 73, 75, 113  
 Bellevue Hospital medical college, 5  
 Bergin, Darby, 40  
 Big Bear, Indian chief, 49, 67  
 Birkett, H. S., reminiscences by, 10, 35, 44  
 Black, J. B., 108  
 Botsford, LeBaron, 88  
 Boulton, Major, 82  
 Boyd, Dr., 71  
 British Columbia opposes bill, 104  
 British North America Act, 87  
 Brydges, Colonel, 52  
 Burland, Colonel J. H., 138  
 Cameron, I. H., 142  
 Canada Medical Act, 103  
*Canada Medical Journal*, 17  
 Canadian Medical Association, 17, 84; revives registration, 93; tribute to Roddick, 112  
*Canadian Med. & Surg. Journal*, 16  
 Canniff, William, 24, 70  
 Carbolic acid, discussion on, 26  
 Carbolic acid spray, used by Malloch, 25, 35; ordered by hospital, 36; criticism of, 40  
 Carlyle, Thomas, 1  
 Caron, Hon. Adolphe P., 50  
 Charity Hospital, New York, 5  
 Children's Memorial Hospital, 140  
 Chloroform, early use of in Newfoundland, 3  
 Chown, H. H., 83  
 Cigarettes, Roddick's attitude towards, 136  
 Claxton, A. G. B., 22  
 Clock tower, 12  
 Corbet, James, 71  
 Council, Dominion Medical, 108  
 Craik, Robert, 25 *seq.*; dean of faculty, 114  
 Cut Knife Hill, battle of, 49, 62  
 Demers, L. P., 101  
 Dental Faculty of McGill, 122  
 Dominion Medical Council, 108  
 Doucet, Captain E., 63  
 Douglas, C. M., 54; canoe trip, 59 *seq.*, 69  
 Drummond, Sir George, 138  
 Drummond, Huntly, 143  
 Duck Lake, 45  
 Dumont, Gabriel, 49  
 Eberts, E. M., 114  
 Edwards, O. C., 70  
 Esdaile, Miss, 123  
 Fenwick, George E., induces Roddick stay at McGill, 4; as editor, 17, 27, 33  
 Fish Creek, battle of, 49, 62  
 Five-year medical course, 116  
 Fleet, C. J., 138  
 Fort Carlton, 45  
 Fraser, William, 28  
 Godfrey, C. H., 21  
 Godfrey, R. T., 21  
 Gordon, Rev. D. M., 81  
 Grasett, F. LeM., 23  
 Gravely, E. A., 65, 67  
 Grenfell Mission, 139  
 Hall, J. S., 128  
 Harbour Grace School, 1  
 Harding, E. S., 14  
 Heron, G. A., 23  
 Hingston, Sir William, 29, 142  
 Holmes Medal, won by Roddick, 5

Hospital Barge, 72 *seq.*  
 Hospital train, 56  
 Howard, Henry, describes Riel, 47  
 Howard, Palmer, experience with carbolic, 28, 87, 88, *seq.*, 109

Interprovincial registration, 90  
 Iodoform, Roddick's idiosyncrasy to, 43  
 Irving, Edward, 1

Jacobi, A., tribute from, 111

Keith, Dr., 42  
 Kennedy, J. Roddick, 141  
 Kennedy, Mrs., 141  
 Kerr, Dr., of Winnipeg, 55

Lachapelle, E. P., 138  
 Ladies Educational Association, 122  
 Laurier, Sir Wilfrid, 101, 136  
 Lemieux, Senator R., 46  
 Leonard, Captain, 75  
 Library committee of McGill, 140  
 Lister, Lord, Canadian pupils of, 23; visits Philadelphia, 33; in Montreal, 137

McDonald, T. J., 58  
 McGill University, medical faculty of, 114 *seq.*; campaign, 140  
 McGill Daily, interviews Roddick, 5  
 McGowan, James, 63  
 Mack, T., 39  
 Mackay, Robert, 131  
 Mackenzie, Sir William, 147  
 Mackinnon, Miss Urelia M., 141  
 McLennan, Dr., of Vancouver, 120  
 MacMaster, R., 128  
 McMurdo, pharmacy of, 3  
 Macphail, Sir Andrew, reminiscences by, 10, 115; letter from, 144  
 Malloch, A. E., 23; pioneer in anti-sepsis, 24; uses spray, 25  
 Malloch, T. A., 23  
 Marsden, William, 89  
 Martin, C. F., reminiscences by, 10, 35; tribute from, 148  
 Martin, Emma Jane, 1  
 Martin, Mr., 1  
 Medical Building, destruction of, 118; new, 119  
 Medical Council in Canada, 108

Medical education, left to provinces, 87  
 Medical legislation, warning against, 89  
 Medical practice, regulation of, 85  
 Medical registration, 84  
 Memorial gates, opening of, 148  
 Mewburn, Dr., of Winnipeg, 55  
 Middleton, General F. D., 48  
 Minto, Earl of, 15  
 Monk, E. D., 76  
 Montreal General Hospital, teaching traditions, 9; early aseptic methods, 43; Lister visits, 137  
 Montreal Medico-Chirurgical Society, 17, 26  
 Moose House, 69  
 Muir, Samuel, 3, 4  
 Munn, J., 126

Newfoundland Club, 148  
 Newfoundland and union with Canada, 127  
 Newfoundland, visit to, 125 *seq.*  
 Northcote, SS., 58, 59, 63, 67

Ontario legislature opposes bill, 104  
 Ontario Medical Council and registration, 90  
 O'Reilly, Dr., of Toronto, 52  
 Osler, Sir William, stays in Roddick's house, 8; advises Roddick to rest, 125, 138  
 Otter, Colonel W. D., 48

Patriotic Fund, Roddick's support of, 140  
 Patterson's Farm, 59  
 Pelletier, E., 58  
 Perrin, H. B., 69  
 Peterson, Sir William, 117  
 Poundmaker, Chief, 49, 67  
 Powell, R. W., tribute from, 110  
 Prince of Wales Regiment, 14, 52  
 Princess Louise, 71  
 Provincial control of education, 87

Quebec legislature, opposition by, 104

Rea, J., 58  
 Reciprocal registration, 91  
 Red Cross Corps, 53  
 Red Cross Society, 140

Reddick, J., 57  
 Reddy, John, 29  
 Redpath, Miss Amy, 141  
 Regimental medical officers, 54  
 Registration Bill opposed, 104; agreed to, 105  
 Registration, medical, 84; central council for, 87; interprovincial, 90  
 Registration opposed by universities, 90  
 Reid, Sir Robert, 146  
 Renouf, Chas. H., 3  
 Renouf, Colonel E. M., 4, 128, 148  
 Richer, Dr., of Montreal, 138  
 Riel, Louis, first rising, 45; career, 46; defeated, 49; prisoner, 67  
 Riel Campaign, military features, 47 *seq.*; medical services, 50; women volunteers in, 52; medical students in, 52; sickness among troops, 77 *seq.*; weather conditions, 80; soldiers' diet, 81  
 Riel, Paul, 81  
 Roddick Bill, the, introduced, 95; opposition to, 101; provincial attitude towards, 103; final passage, 108  
 Roddick, Miss Emma, 8, 137, 141  
 Roddick, John, 141  
 Roddick, J. Irving, 1  
 Roddick, Lady, 12, 141  
 Roddick, Miss Margaret, 141  
 Roddick, Thomas George, home life, 1; early medical training, 3; plans to go to Edinburgh, 3; helps in emergency, 4; college career, 5; early use of microscope, 7; various residences, 8; aptitude for teaching, 9, 11; manner at exams, 10; his coachman, 12; physical character, 13; military service, 14, 52; surgeon to Governor-General, 15; sensitivity to iodoform, 15, 42; interest in students, 16; sociable disposition, 16; dining club, 16; editorial work, 16; president of C.M.A., 17; friendship with Fenwick, 18; visits Edinburgh, 31, 33; first uses antiseptics, 35; comment on antiseptics, 37; disclaims priority, 40; faith in carbolic spray, 42; deputy surgeon-general, 50; interviews Riel, 67; returns from West, 77; comment on campaign, 83; interest in registration, 91; political prospects, 94; introduces bill, 95; speech on bill, 95 *seq.*; tribute from C.M.A., 112; variety of interests, 113; chief surgeon to Royal Victoria Hospital, 113; as dean, 114; overburdened, 119; retires from teaching, 120; retires from deanship, 121; views on teaching women, 122; love for his work, 123; tributes from patients, 123; consults Osler, 125; visits Newfoundland, 125 *seq.*; popularity with students, 130; first election speech, 132; maiden speech in House, 133; other speeches, 134 *seq.*; president of B.M.A., 136; entertains Lord Lister, 137; interest in tuberculosis, 138; in Royal Alexandra Hospital, 139; gifts to Grenfell Mission, 139; to McGill, 139; Red Cross Society, 140; Victorian Order of Nurses, 140; Children's Memorial Hospital, 140; library committee, 140; his family, 140; residences, 141; degrees and honours, 142; knighthood, 143; travels, 146 *seq.*; last illness, 148; tribute from Dr. Martin, 148  
 Rodger, T. A., 6, 18  
 Ross, George, 6, 8  
 Ross, James, generosity of, 139  
 Rottot, J. P., 88  
 Royal Edward Institute, 138  
 Royal Alexandra Hospital, 139  
 Royal Victoria Hospital, 113  
 St. Hilaire, train disaster at, 4  
 St. John the Divine, Sisters of, 52  
 Schmidt, A. J., 58  
 Scott, Rev. Canon F. G., 36  
 Scott, Thomas, 46  
 Scott, W. E., 36  
 Sealing fleet, medical men for, 128  
 Shannon Park, fountain for, 126  
 Shaughnessy, Sir Thomas, 144  
 Shaw, H. S., reminiscence by, 119  
 Shepherd, F. J., reminiscences by, 7, 9; visits Lister, 32; criticizes spray, 40; on surgical methods, 41; loses collection, 118  
 Smith, Sir Donald A., 84

Smith, Harvey, reminiscences by, 11, 13  
Stephen, Sir George, 84  
Stewart, A. D., 75  
Stewart, James, 8  
Stewart, John, 23; reminiscence by, 34  
Strange, Major-General T. B., 48  
Strathcona, Lord, 115; helps medical faculty, 119  
Students, medical, object to electioneering methods, 130; show liking for Roddick, 130  
Thomas, J. E., reminiscence by, 131  
Three Toms, the, 18  
Tracy, Captain T. H., 72  
Tracy, W. R., 57  
Tuberculosis, Roddick's speech on, 133; interest in, 138  
Tupper, Sir Charles, 84, 109, 129  
Universities and legislation, 90 *seq.*  
Van Straubenzie, Lieut.-Col., 55  
Victorian Order of Nurses, 140  
Wells, Spencer, 33  
White, F. J., 58  
White, R. S., tribute from, 111  
Williams, Sir Dawson, 144  
Willoughby, Dr., 63  
Winnipeg Field Battery, 78  
Winnipeg General Hospital, 74  
Winnipeg Rifles, 78, 81  
Winnipeg School of Medicine, 55  
Wolseley, General, 72  
Women in medicine, training of, 122  
Wood, Casey, appreciation by, 18  
Worthington, A. N., 67  
Wright, H. A., 65

